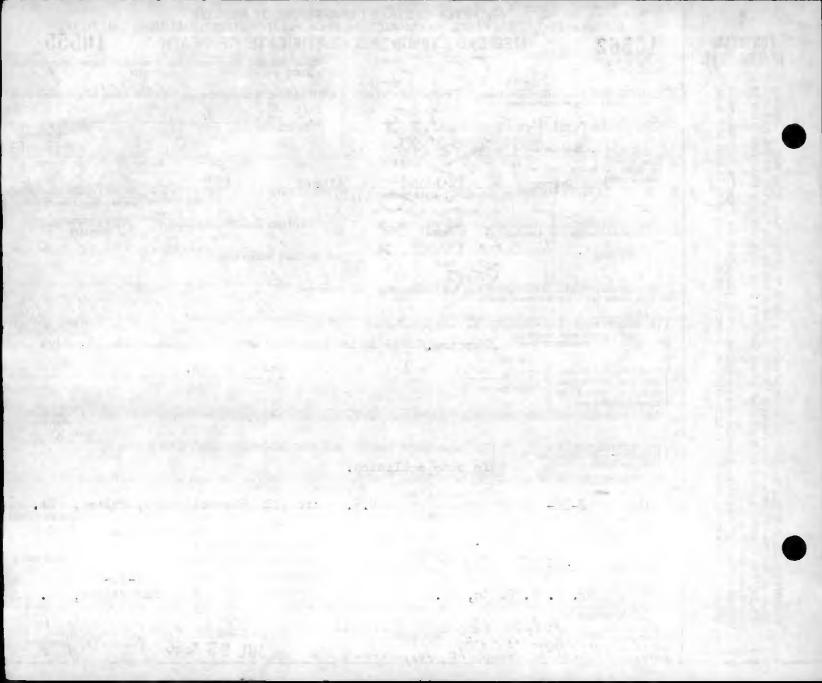
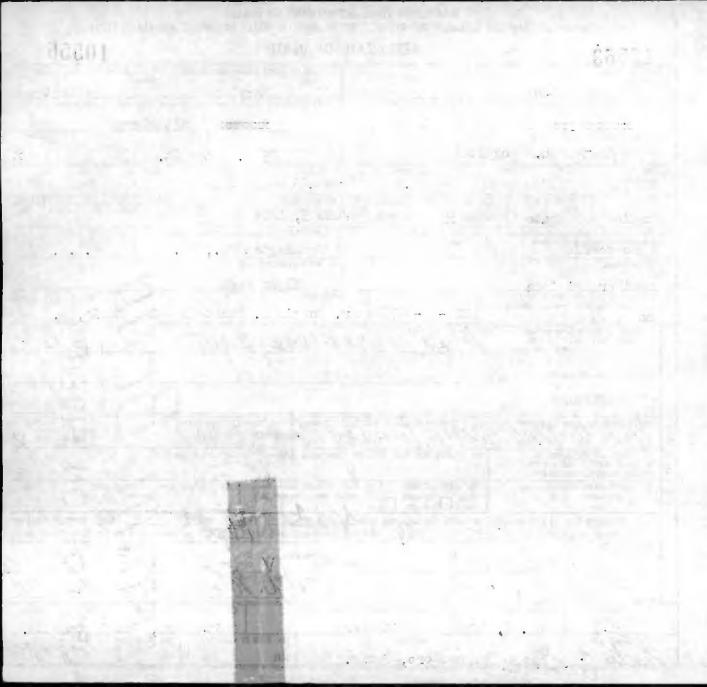
- 1		I	tem 18 Film G379 8/5MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	TATE		10562 MEDICAL EXAMINER'S CERTIFICATE OF DEATH . 10555
HEALTH	DEM.	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)  a. STATE  b. COUNTY  b. COUNTY
funeral may be	Department after death		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town)
She	ter i	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
ay Is 3 to 1 Page	State [ hours a		Washington County Hospital YES NO E
and 3.	12 BS	3.	NAME OF J First J Middle Last 4. DATE Month Day Year DECEASED OF J
1, 2, n PM	是)	5.	(Type or print) Sharon Ethel Albert DEATH 20 1966 SEX 6. GOLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers of Funder 1 YEAR   FUNDER 24 HRS
urs after death. If all Give Pages 1, along with form	24		F WIDOWED DIVORCED Feb. 4, 1947 19 yrs. Months Days Hours Min.
with	event	10a dur	. USUAL OCCUPATION (Give kind of work done lob. Kind of Business or Industry ling most of working life, even it retired)   12. CITIZEN OF WHAT COUNTRY?
afte 8. Gi long	pages 1 in any	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
thours ltem 1 ffice a	d Fag		Vernon Kurkendall agnes Harr
N EO	File and		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unknown) (If yes give war or dates of service)
rted within in pencil i Examiner's	permit. removal,	-	No Mr. John albert, McConnellsburg, 6.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN
in p	Sit P		PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  MMEDIATE CAUSE (a) / Pending / Multiple lacerations of brain with 3 days
ding	cremation, or		VIG4 DUE TO
be e	rema		conditions, if eny, which gave rise to immediate cause (a), stating the DUE TO
hould			underlying cause last. (c)
KAMINER: This certificate should be executed certificate, writing the word "pending" in uild be forwarded to the Chief Medical Exam	used as to burial	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO
ting to to	or or	RTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING COLUMN COL
L EXAMINER: This cer he certificate, writin should be forwarded	3 should agent, pr		CAUSE OF DEATH. In auto collision.  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
cate,	3386	MEDICAL	Hour While Not While of factory, street, office bldg., etc.)  9:15 p.m. 7-76 1966 et work of twork of U.S. Route 522 McConnellaburg Fulton Pa
EXAMINER: certificational	Page nated	2	21. I certify that I took charge of the remains described above, held an Autopsy 💂 , Inspection 🔲 , Inquiry 🔲 , and in my opinion
Short			death resulted from: Natural causes, Accidentx_, Suicide, Homicide, Undetermined manner
MEDICA cecute t Page 4	S E S		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
200	AR OF		EXAMINER'S DEPUTY MEDICAL EXAMINER X 7-20-66
please director.	FUNERAL of Health	238	
5 Paging 1	10 F		REMOVAL (Specify) /1/23 66 / / / / / / / / / / / / / / / / / /
VID I	A15ME	24	Charles ranged of warres from
	A A.SA	16	ougent-unto Home, latimac It, Hagerstown, Md. DATE JUL AU 100



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(N	1)		10563			CERTIF	ICATE O	F DEATH			10556	
eo g			LACE OF DEATH								Residence befare admission)	
		(	o. COUNTY Was	shington		MARY		. STATE	rvland	b. COUNTY	Washington	
/ tilled in by the tuneral in papers. Pages I and 2 rithin 72 haurs after death.		t	CITY OR TOWN (	If outside corporate limit	S, C.	LENGTH OF STAY IN	1 3b . c. C		utside corporote limits, w	rite RURAL a		
Pa				l give negrest town)	erstown	1 wk		Ma	ones Smi	thsbur	rp 211	
2 ho		(		AL OR INSTITUTION (If no			d. S	TREET ADDRESS			e. IS RESIDENC ON A FARM	E
n 7	79		Washing	gton Co. H	ospital			25	W. Water S	t.		X
isit permit. Then please remove carban papers. Pag nation, ar remaval, and in any event, within 72 haurs		[	NAME OF DECEASED Type or print)	Elizab	**	Middle S.	Bach	Last	4. DATE	Month	Doy Year 31 19 66	5
e cc		S. 3		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		E OF BIRTH	4	ears IF L	UNDER 1 YEAR   IF UNDER 24	
nov Ty e		F	emale	White	WIDOWED X	DIVORCED	June	5, 1881	9. AGE (In y last birth	yrs. Ma	inthis Days Hours A	Min.
Ter III a		10a.	USUAL OCCUPATION	(Give kind of work dane		F BUSINESS OR	11.	BIRTHPLACE (County	& State, ar fareign countr		12. CITIZEN OF WHAT	
ose		duri	ng most of working House	life, even if retired)	INDUST	KY	1	Washingto	on Co., Md.		COUNTRY?	
<u> </u>		13.	FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME			
ueu Jav			Luther	Spielman				Zilpha	Pugh			
Tel .		15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	1 V	L SECURITY NO.	17. INFOR		>	Address	20 Dolphin L	an
Im 'o		£1.8:	no, or unknown)	(If yes give war or dotes o	220-	28-90751	Mr. 1	Norris D.	Bachtell	Alexa	undria, Va.	
burial-transit permit. burial, crematian, ar re	J		PART I. DEA'  4 To  Canditions, if any		(o) 401/A	(b) and (c).)	1704	OUIA	Right		INTERVAL BETWEE	Hy Hy
se as the but th priar to bu			rise to immediat stating the under last.	rlying couse	(c)			*				
tar use as Health pri	0	CATION	PARTIN OTHER SI	GNIFICANT COMPITIONS C	MUMON	FIMM	OUANS	anther	NOTION GIVEN IN PART		19. WAS AUTOPSY PERFORMED? YES NO	N
		MEDICAL CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB			- //	Port I or Port II of item		<b>V</b>	
ate Dept. o		MEDICA	Hour a.r	n. 19	20d. INJURY While of wark	Not While at work	foctory, str	INJURY (Hame, farreet, affice bldg., etc.		awn)	(County) (Stot)	e)
should be ith the Stat			saw the d	fy that (I) (this has eceased alive on	nital) attended	the deceased	fram fram dea		1964, to Heilh		, 1944, that (I) (we) an the date stated at	
3	,		220. SIGN GORE	Fonde	Mal		M.D. P	TTENDING HYS.	MED. STAF	f	8-1-6	
0.4	1		ZZC. PHYSICIAN'S NAME (Type		tydin	ralph		224 ADDRESS D.	MARKER	Roc	Als book to	1
director,	0	23 a	BURIAL, CREMATIC REMOVAL (Specify	1		C NAME OF CEME		TORY	23d. LOCATION (Cit		(County) / (Stote	)
들다	N		Buria	Aug.	2, 1966		sburg		Smithsbu	rg, Wa	shington, Md	
A15 (4)	B	24.	FUNERAL DIRECTO	R 4, 00		ADDRESS		1.000	D BY REGISTRAR	ZSb. KEGISTE	Charles Judg	2
R A15 (4) 0 M 1/66	10		1/1/14	4 MARK	Waynes	boro. Pe	nna.	DATE	7 4 14	is is	0 0	



Anna merchanism and anna

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10564 funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Washington b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 16 vears Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS completely filled in 115 Elm St. Elm St. corbon 3. NAME OF First Middle Last 4 DATE Manth DECEASED (Type or print) 31 Barnes July Theodore DEATH 9. AGE (In years IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED 7. MARRIED 96 birthday) Oct. 30.1869 DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) Retired during most of working life, even if retired) Kenns Mill. Wash. Cty Farmer 14. MOTHER'S MAIDEN NAME Hagerstown, 13. FATHER'S NAME ar remayol, attending phy permit. Then Mary Catherine Ripple Thornton Barnes 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates of service Mrs. Lena Batt, 115 Elm St. signed by the attern burial-transit permit burial, cremation, a 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause as the priar to hon been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Health r CERTIFICATION 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While at work at work 1966 21. I certify that (1) (this hospital) attended the deceased fram. Scalar 29/19/66, and that beath occurred at 7 - M. from casses and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 22a. SIGNATURE

requires that the death certificate be executed within 24 hours after death be retained by the haspital ar ottending TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TD FUNERAL DIRECTOR: After this certificate director, page 3 sho should be filed with

VR A15 (4) 20 M 1/66

23b. DATE THEREOF

Layman,

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery 23d. LOCATION (City or Town) Hagerstown

(State) (County)

e. IS RESIDENCE ON A FARM?

Day

YES NO K

Year

1966

IF UNDER 24 HRS.

Haurs

INTERVAL BETWEEN

ONSET AND DEAT

19. WAS AUTOPS!
PERFORMED?

NO

(State)

24. FUNERAL DIRECTOR Funeral Home

22c. PHYSICIAN'S

23g. BURIAL CREMATION.

REMOVAL (Specify)

NAME (Type)

ATTENDING

PHYS

250. REC'D BY REGISTRAR

DIRECTOR

256. REGISTRAR'S SIGNATURE

100 Professional Arts Bldg.

Course Parties with winder scren nen smacht as

STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH Item 2 DEATH OF CERTIFICATE

10565	5	Item	CERTI	FICATE	OF DEATH	<u>nn</u>			10	558		
	HINGTON COUN	ΓY	MAR	RYLAND	2. USUAL RESIDENCE (O. STATE MARY	Where dece	osed lived, if institu b. COU	INTY WAS	HING	PON TON	) P	
	(If outside corporate limits, ad give pearest town)		c. LENGTH OF STAY	₩ Ib	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  BOONSBORD Baltimore							
	TAL OR INSTITUTION (If not i				d. STREET ADDRESS 231 South Hilton St. ON A FARM  FAHRNEY KEEDY MEMORIAL HOME YES NO							
3. NAME OF DECEASED (Type or print)	First RU'	THI COLUMN	Middle D	R	Lost IVENS	4. DATE OF DEATI	Mon H JULY	1th 4 -	Doy		or 66	
S. SEX FEMALE	1	MARRIED WIDOWED		D D B	DATE OF BIRTH 9-18-1877	J. J.	9. AGE (In years lost birthdoy) 88 yrs.	IF UNDER Months	1 YEAR Doys	Hours		
	N (Give kind of work done		OF BUSINESS OR		11. BIRTHPLACE (County MARYLA			12. CI	TIZEN OF	WHAT		
13. FATHER'S NAME	Jost	JHA STU	JLLER		14. MOTHER'S MAIDEN DEE		CORNELL				7	
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of s	ervice) 16. SO	CIAL SECURITY NO.		WILLIAM E.	BIVE	ENS, 1203		RHIL	L RO	AD	
Conditions, if on- rise to immedia stoting the undi- lost.										ERVAL BET SET AND D	DEATH	
PART II. OTHER S  200. ACCIDENT WA OR CONTRIBUTION (IF FITHER MOTIES)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)									WAS AUTO PERFORM ES		
	AS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY (	OCCURRED. (	Enter noture of injury in	Port I or Po	ort I) of item 18.)					
Hour o.	.m. 19	While of work	JRY OCCURRED Not While of work	focto	E OF INJURY (Home, form ory, street, office bldg., etc.	11	(City or town)	(Co	uniy)	(	(Stote)	
	ify that (I) (this haspi deceased plive an	tal) attende	the deceased	fram dand that	death accurred at	JP	M, fram causes			nat (I) ( e stated		
22o. SIGNATURE	MIT	Ma	n	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIGN	-6	:6	
22c. PHYSICIAN' NAME (Type		ecla	n		22d. ADDRESS	Ou	long	m	TA			
230. BURIAL, CREMATI REMOVAL (Specif BURIAL	7-8-66	OF .			CEMETERY		LOCATION (City of To	ISTER.		RYLAN	itote)	
24. FUNERAL DIRECTI HOWARD H.	HUBBARD, 410	7 WILK	ADDRESS ENS AVENU	JE 212		UL 1	1 1966	PCL'S	reles	Jus	lge.	

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages I and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remayal sand in any event, within 72 haurs after death

VR A15 (4) 20 M 1/66

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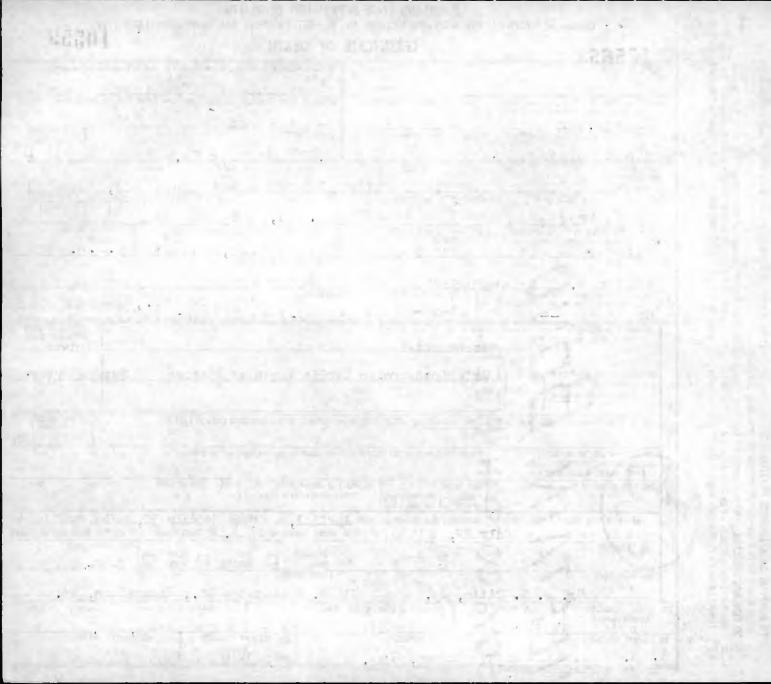
ma.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

	10566	CERTIFICATI	E OF DEATH	J	111000
	PLACE OF DEATH			ere deceased lived, if institution: Residen	ce before odmission)
	. COUNTY	MARYLAND	Maryland	b. COUNTY Washingto	**
	b. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16		ide carparate limits, write RURAL and give	nearest tawn)
	Hagers town	19 wonths	Hagersto	wn	21-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
G	erlock Nursing Home		1013 Cor	bett St.	YES NO.
3.	NAME OF First DECEASED	Middle	Lost	4. DATE Month	Doy Year
		STIN BLICK	ENSTAFF	DEATH July 30.	1966
5.	SEX 6. COLOR OR RACE 7. MARRIED 3	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER	
	Male White WIDOWED	DIVORCED :	Dec. 10,18	79 86 yrs.	
		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County &	State, ar fareign country) 12. CIT	TIZEN OF WHAT
	Painter	Retired			UNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Simeon M. Blickenstat	FF	Sarah B	etts	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT Q BO	ynolds Ave. Hag	on a to me Wa
(16	es, no, ar unknown) (If yes give war ar dates of service) 1,	7-18-75071	its Goldie	Blickenstaff	er Browning
	18. CAUSE OF DEATH (Enter only one cause per line for	(p), (b), and (c),)	<u> </u>	- AL TORUM	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneu				ONSET AND DEATH
	4 2 2 1 DUE TO				- uay
		riosclerotic	Cardio Vascul	ar Disease Sev	eral years
	rise to immediate cause (a),	110001010010	SELUTO LEDOUT	61 D10000	DIGIT TOWN
	stating the underlying cause (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH OUT NOT DELATED TO	THE TERMINAL DISEASE COND	ITION CIVEN IN PART 1(a)	19. WAS AUTOPSY
NO	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I	U DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE COND	THON GIVEN IN PART I(0)	PERFORMED?
3					YES NO X
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH  205. DE	SCRIBE HOW INJURY OCCURRED.	. (Enter nature of injury in Po	irt I or Part II of item 18.)	
9	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	test mile at infant manny early		ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.)	20f. (City ar tawn) (Co	unty) (State)
ME	p.m. 19 at wark	c at work	-		
	21. I certify that (1) (this haspital) attends saw the deceased alive an July 29	ded the deceased fram_	April 1 , 19	65 , to July 30 196	6, that (I) (we) last
	saw the deceased alive an July 29	19.66, and the	at death accurred at 4	A. M, from causes and an t	he date stated above.
	22a. SIGNATURE	71	ATTENDING N	AED. STAFF - 22b. D	ATE SIGNED
	NOW AN	M M	I.D. PHYS.		30-66
	22c. PHYSICIAN'S	1	22d. ADDRESS		
	NAME (Type) Dr. E. W. Ditto.	Jr. 2	15 W. Washing	ton St., Hagerston	m. Md.
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR			(County) (State)
	REMOVAL (Specify) Burisl 7/1/66	Rose Hill	Tenetery	Hagerstown L	ą
24	. FUNERAL DIRECTOR	ADDRESS	2So. REC'D 1	BY REGISTRAR 25b. REGISTRAR'S S	GNATURE
A	. K Coffman Funeral	Howe Inc		ALLG 3 tocc on	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pages remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH DEPT.

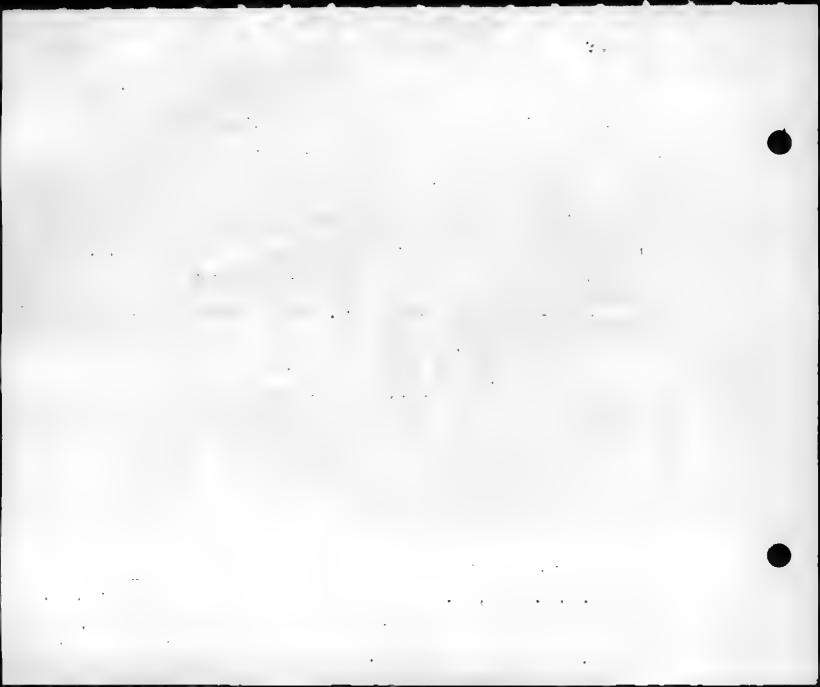
retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY ME. CEXAMINING This certificate should be encuted within 24 hours affer death. If any delay cessury, please execut and certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to me funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

ort T

	Divis	ion of STATIST		YLAND STATE DEI ARCH AND RECORDS				E 1, MAR	YLAND
	10563	R N	TEDICAL	EXAMINER'S	CERTIFICATE	OF DI	EATH		19551
1.	PLACE OF DEATI	H			2. USUAL RESIDENC	-			dence before admission)
		Washingt		MARYLAND	a. STATE Mar	yland	b. COUNT	Y Was	hington
	b. CITY OR TOW WIITE RURAL	N (if outside corpor and give nearest to	ate limits,	C. LENGTH DF STAY IN 15	c. CITY DR TOWN (If	·		e RURAL a	nd give nearest town)
E		oadfordi		minutes	Rural	Willia	msport		<u> </u>
		_	ION (If not In h	ospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE DN A FARM?
		load			B.ownsv:		Pike		YES NO X
3.	DECEASED	-	Irst	Middle	Last	4. DATE OF	Month		Day Year
5	(Type or print)	Georg	e Wa	ashington	Bowers  B. DATE OF BIRTH	DEATH	July		2 1966
٥,				W WEACH MINUMIED		COR 3.	ast birthday)	Agnths   D	FEAR IF UNDER 24 HRS
10:	Male	White	WIDOWED	IND OF BUSINESS OR	June 26 1	7 1 1	9 yrs.		ZEN OF WHAT
du	ring most of work	ing lifø, even if retir	ed) II	NDUSTRY		_	00011077	COU	NTRYT
13	Ret'd La	abor E	luon	struction	Maryla			1 0.1	3 • B.
	Al	bert Bowe	ers		Cora	Harnis	sh		
15	. WAS DECEASED	EVER IN U.S. ARMED F	ORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT		Address		
(Y	NO	(If yes pire war or dates	of service) 72	3-12-2529 M	rs. Myrtle	Bower	s Will	iams	port Md R
		CATH MAC CALLECO D	V.	ine for (a), (b), and (c).]				-	ONSET AND DEATH Recent
	PART 6, DE	IMMEDIATE CAUS	E (a) Arte	riosclerotic E					Recent
	Conditions Is			ciple Occlusion	s And Calci	ficatio	n Of Bot	ch	
	Conditions, If gave rise to	Immediate /		mary Arteries	0.37				
	cause (a), so underlying cause	round min !		Cuse Fibrosis C	I Myocardiu	m.			
NC	The second secon		(c) IONS CONTRIBU	ITING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDI	TION GIVEN IN P.	ARTI(a)	19. WAS AUTDPSY
SATI									PERFORMED? YES  ND
FIFE	20s. EXTERNA	L CAUSE WAS CONTRIBUTING [	20b.	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nuture of	injury in Part	I or Part II of	Item 18.)	
CER	CAUSE OF DEAT	H.							
CAL		INJURY Month, Day			CE OF INJURY (Home, fa ry, street, office bldg., et	m, 201. (CI	ty or town)	(Coun	y) (State)
MEDICAL CERTIFICATION	Hour a.r		While at worl	NOT WILLS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
~	21. I certify	y that I took charg	ge of the rem	ains described above, hel	d an Autopsy 🕱,	Inspection	, Inquir	у 🔲,	and in my opinion
	death result	ed from: Natura	al causes x	, Accident 🔲, Sul	cide 🔲, Homicio	le 🔲, U	ndetermined n	nanner [	
		10	V 7/1	10>	CHIEF MEDICAL				22. DATE SIGNED
	SIGNATURE	Jule .	311/18	<u>/</u>	M.D. ASSISTANT MED			7-23-6	
	EXAMINER'S NAME (Type)	Dr. E. W. 1	Ditto.		DEPUTY MEDICA Address (Street		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
23	BURIAL CREM REMOVAL (Sp. Burial	MATION, 23b. DATE ocify)  July		23c. NAME OF CEMETERY Broadfording			ation (city, tov		ty) (State)
24	FUNERAL DIRE		~	ADDRESS	25a. REC		RAR   25b. REG		
	Albert	L. Leaf	Willia	msport Md.	DATE	L 25 :	1966 20	Charl	en Judge
	***************************************								00

VR III 5ME (5) 5M 1/65



MADVIAND STATE DEDARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESEARCH	CH AND RECORDS	, 301 W. PRESTO	N STREET	, BALTIMOF	RE 1, MARY	LAND,	£)
	10563	CERTIFICAT	E OF DEATH	l		!'	490	4
	a. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE a. STATE M	E (Where dece ARYLAN		itution: Residence		
	b. CITY OR TOWN (if outside corporate limits, c. write fillfal and give nearest town) HAGERSIOWN	LIFE	c. CITY OR TOWN (IF	outside corpo HAGERS		te RURAL and gl	ve neares	it town)
W	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp)  VASHINGTON COUNTY HOSPIT		d. STREET ADDRESS	LYWOOD	RD.		ON A F	
	NAME OF First DECEASED (Type or print) CAROLYN M	Middle MARGUER ITE	BOYER	4. DATE OF DEATH	JULY	Day	Yea 3 19	8r 66
	FEMALE   WHITE   WIDOWED	NEVER MARRIED DIVORCED	8. Date of Birth 2/6/1909	9.	STAR BRANKS TO STAR	FUNDER 1 YEAR Months Days	Hours	Min.
Oa u r	a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND ring most of working life, even if retired) INDU CHIEK OPERATOR TEI	OF BUSINESS OR SIRY EPHONE CO.	11. BIRTHPLACE (CO		r foreign country)	COUNTRY	DF WHAT	
3.	FATHER'S NAME		14. MOTHER'S MAID					
	CLARENCE ROY BOWMAN		HAZEL	KNE PPE				
15 Ye	es. no. or unknown) ((If yes give war or dates of service))		INFORMANT  R. M. GIE	NN BOY		ERSTOWN MD.	.\	
Ì	18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	or (a), (b), and (c).]	a of bree	20	metas	fan INTE	ERVAL BE	TWEEN DEATH
	OUE TO PACE	ocapeiner		reast	-		0	
	Conditions, if any, which gave rise to immediate	p	redasta	/				
	cause (a), stating the DUE TO underlying cause last. (c)	* ************************************						
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  HEACTER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELA	ATED TO THE TERMINAL D	DISEASECOND	ITION GIVEN IN I		WAS AU PERFOR ES	MED?
CENT	20a. ACCIDENT WAS UNDERLYING   20b. OES( OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	JRRED. (Enter nature of	injury in Par	t i or Part II of	Item 18.)		
SED IN ME	2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJUI Hour a.m.   While p.m. 19   lat work		CE OF INJURY (Home, fa ory, street, office bldg., e		ity or town)	(County)	(5	State)
2	21. I certify that (I) (this hospital) attended t	the deceased from A		950, to 5	, -	, 19 6G, tl		
	saw the deceased alive on July 3	19 <u>66</u> , and tha	t death occurred at/	M. fro	n the causes a	and on the dat	te stated	above
	22a. SIGNATURE	M.C	ATTENDING	MED.	STAFF PHYS.	22b. DATE SI	766	
	22C. PHYSICIAN'S NAME (Type) OR LL PACKE	R JR.	22d. ADDRESS	WATHIN	KERN -	STHME	47S)	TEQ!
38	BURIAL CREMATION, 23b. DATE THEREOF 2: PEMONUTATION 7/6/66	REST HAVI		23d, L00 HA(	JERSTON	wn or county) MD	(Si	tate)

VR AI5 (4) 20M 1/65

FUNERAL DIRECTOR

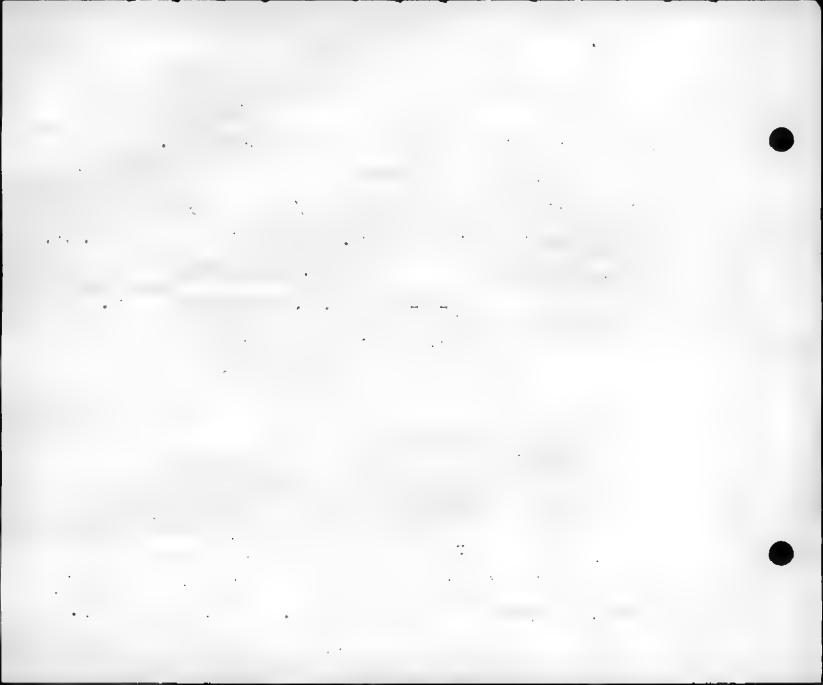
ADORESS

REC'D BY REGISTRAR

DATE

25b. REGISTRAR'S SIGNATURE

1966



death. Page that be retained by the hospital or attending physician.

O FUNER State CIRECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Charles & TO HOSPITAL death. Pag TO FUNER

VR A15 (4) 15M 7-62

	MARYLAND	STATE DE	PARTMENT (	OF HEALTH
ISION OF STATISTICA	L RESEARCH AN	ID RECORDS	301 W. DDFST	ON STREET R

DIV SALTIMORE 1, MARYLAND

J.		. O. DEX	~	1
	1. PLACE OF DEATH	. USUAL RESI		Institution: Residence before admission)
	Washington MARYLAND	e. STATE	Maryland b. COUN	Frederick
ı	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOY	WN (If outside corporete limits, write	RURAL and give neerast town)
L	Hagerstown 5 mos.	Fox	xville	
Г	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d, STREET ADDR	₹E5S	e. IS RESIDENCE ON A FARM?
	Jackson Convalescent Home	Lant:	z P.O.	YES NO K
П	3. NAME OF First Middle DECEASED	Last	4. DATE Month	Day Yeer
	(Type or print) Beulah M. Brown		DEATH July	4 19 66
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. D	DATE OF BIRTH	9. AGE (In years	
		ec. 8, :	100∠   03 ym.	Months Days Hours Min.
	10a. USJA. OCCUPATION (Give kind of work done during most of working life, even if retired)			
	Housewife Own Home		yland	USA
		. MOTHER'S MAI		
	Hezekiah Brown		zabeth Kinna	<u></u>
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO. 17. INF (Yes, ng., or unkown) (Ifyesgivewarordelesofservice)		Address	. 243
		rs. Grad	ce Bussard La	ntz, Md.
П	18. CRUSE OF DEATH [Inter only one cause per line for [a], (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY.  JAMEDIATE CAUSE (a) Cerebral Thrombosis	S		24 hrs
	4211 DUE TO			
	Conditions, if any, which (b) Arteriosclerotic ca	ardiovasc	ular disease	10 yrs
	(a), staling the undarlying DUETO			
1.	cause lest. (c)	- خاس		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TE	RMINAL DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
13	TO ACCIDENT WHE INDEPLYING TO LOOK DESCRIPTION INVITED A			YES NO X
- Land	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED. [E. ] OR CONTRIBUTING   CAUSE OF DEATH   (IF FITHER, NOTIFY MEDICAL EXAMINER)	nier nature of injur	y in Perf i or Perf II of item iB.)	
1	20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 2De. PLACE While Not While lactory, et work at work	OF INJURY (Home	, farm, ; 2Df. (City or town)	(County) (State)
1	Hour a.m.   While   Not While   Port   Mactory.	, street, office bldg.	, elc.)	
ı	21. I certify that (I) (this hospital) attended the deceased from	9-16	19 61 to 7-4	19 66 that (I) (wa) last
	saw the deceased alive on			
ı	22e. SIGNATURE	ATTENDING	MED STAFF	22b. DATE
ı	Charles In Hess M.D.	PHYS.	DIRECTOR PHYS.	7-5-66 SIGNED
	22c. PHYSICIAN'S NAME (Type) Charles F. Hess, M.D.	22d. ADDRESS	Smithsburg, Mar	ryland 21783
12	38. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY	23d, LOCATION (City, lov	vn or county) (Slate)
	Burial 7-6-66 Mt. Moriah Ce	emetery	Foxvilla	Fred. Co. Md.
3	TONERAL DIRECTOR'S SIGNATURE ADDRESS	25a.	REC'D BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
1	Raymond E. Creager Thurmont, Md.	DATI	JUL 7 1966	France Judas

0

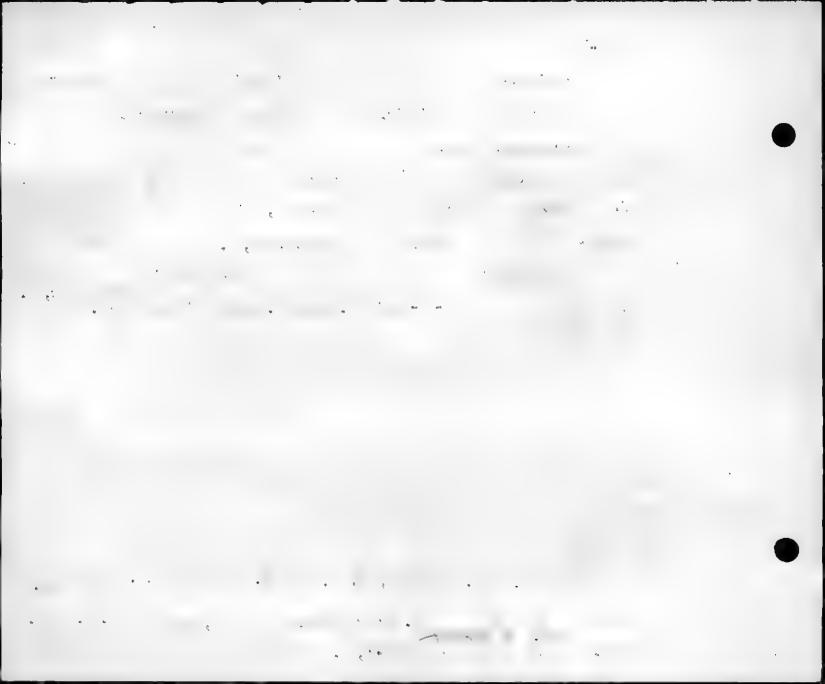


TO HOSPITAL OR ATTENDING ENYSICIAN: The law requires that the death certificate be executed within 24 libra after death. Page 4 may be retained by the hospital or attending pilysician. TO FUNERAL DIRECTOR: After this certificate has been signed by the afterong physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit perform. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or senoval, and in any event, within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISIO	N OF STATISTIC	AL RESE	ARCH AND RECO	RDS	, 301 W. PRESTO	N STRE	ET, BALTIMO	RE 1, M	ARYLAND			
	1657			CERTIFIC	AT	E OF DEATH			1	0564			
1.	PLACE DF DEAT a. CDUNTY	H				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
		Washingto		MARYLA	D	a. STATE Maryland b. COUNTY Washington							
	b. CITY OR TOW write RURAL	'N (if outside corporal and give nearest tow	te limits,	c. LENGTH DF STAY IN	1 1 b	c. CITY DR TOWN (If	outside co	orporate (Imits, wi	rite RURAL	and give nearest town			
_		Hagerstow		5 wks.		Rur	al	Hagersto	0042	- 1 !			
				ospital, give street add	(229	d. STREET ADDRESS				6. IS RESIDENCE ON A FARM?			
_		Convalesce				R #				YES NO			
3.	DECEASED	n	rst	Middle		Last	4. DATE		h	Day Year			
5.	(Type or print) SEX	6. COLOR OR RACE		C NEVER HARRIED F		NATE OF BIRTH	DEAT	invy	I I E I INDER	19 19 66 1 YEAR    FUNDER 24 HRS			
-	Male	White	7. MARRIED WIDOWED		-			last birthday)	Months	Days Hours Min.			
10	. USUAL OCCUPAT	ION (Give kind of work	done   10b. K	IND DE BUSINESS OR		April 20, 18.		84 yrs. te. er foreign country	y)   12. C!	TIZEN OF WHAT			
dui	ing most of work	ing life, even If retire	d) 1	NDUSTRY					CO	UNTRY?			
13			<u> </u>	JOUGH		Sharpsburg	EN NAME			3H			
		John Bur	aan				Arret	ta Reel					
15	. WAS DECEASED	EVER IN U.S. ARMED FD (If yes give war or dates o	RCES?   16.	SOCIAL SECURITYND.	17.	INFORMANT		Addre	ss Hage	rstown, Md.			
	No			20-26-5244	Mrs	Arthur H. Bu	raan	519 Brow	m Ave	a complying			
			6.1	ine for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE		mkonde	n	morron				elay,			
	441.	1 DOL	то							//			
	Conditions, If gave rise to		(b)	<u> </u>									
	cause (a), s	tating the DUE	TO										
22	underlying caus	Minimum III	(c)							Line was autopower			
OIT)	PART II. U.HEER:	SIGNIFICANT CONDITIO	NSCONTRIB	TING TO DEATH BUT NOT	RELA	TED TO THE TERMINAL D	. / .		PART 1(a)	19. WAS AUTOPSY PERFORMED?			
FICAT	ODO ACCIDENT	LA COLLAND	12.	witz z 1	C	orch hijh	Men		CA.	YES ND			
CERTI	OR CONTRIBUTE (IF EITHER, ND	WAS UNDERLYING ING CAUSE OF DEATIFY MEDICAL EXAMIT	TH NER)	DESCRIBE HOW INJURY	occu	RRED. (Enter nature of	Injury In	Part/I or Part/II i	or Item 18.;				
MEDICAL		INJURY Month, Day,			. PLA	CE OF INJURY (Home, far ry, street, office bldg., et	rm, 20f.	(City or town)	(Cou	nty) (State)			
MED	Hour a.r p.i		While at wor	Land MALLING Land	1000	(3) 02/ 002/ 02/00/ 01/06/							
				ed the deceased from		//	64, tr	Jan. &	, 1960	, that (I) (we) las			
		ceased alive on	enty 1	5 19 6 , and	thai	death occurred at 🚣	4M, f	rom the causes		e date stated above			
	22a. SIGNATU	RE	, ,			ATTENDING M	AED.	STAFF	22b. DA	ATE SIGNED			
	226: PHYSICIA	UN'S	Cont		M.D	PHYS. X D	IRECTOR	PHYS.					
	NAME (T	ype) Charle	-	Spencer, M	1.	D. 145 S.	Pros	spect St	, H	ageratown			
232	BURTAL, CREM REMOVAL (Sp	NATION 23b. DATE I	HEREOF		TERY	OR CREMATORY	23d.	LOCATION (City, to	own or cou	nty) (State)			
24	Burial . FUNERAL DIRE	7/21	/66	St. Paul	4	emetery	D BY REG	Paul	Wash,	Co. Md.			
124		سرسر ل	. No	RDDRESS	44	111	I O O	ASTRAR (255. R	Char	ly Judge			
K	est Naver	n Funeral C	rapel	Hagerstown	170	DATEJU	L 4 4	1040		9 9 -			

#15 (4) M 1/65



Tage 4 finds be retained by the inspiral of experience processes attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ate be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTIC	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
16572	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH	1956

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Washing Con MARYLAND	Mary/And
b. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
WilliAmsperT 34mos	Cavetown Md2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  0. IS RESIDENCE ON A FARM?
WILL TINGS Trods Cury Illim	YES NO Q
3. NAME DF DECEASED First Middle	Last 4. DATE July Day Year
5. SEX 6. COLOR OR RACE   7 MARRIED NEVER MARRIED	DEATH 6 19 66  B. DATE OF BIRTH 19. ACE (IN years   FUNDER 1 YEAR   IF UNDER 24 HRS.
A SMAINTED THEFTER MARKIED	B. DATE OF BIRTH  9. ACE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   Hours   Min.
102.USUAL OCCUPATION (CIVE KIND OF WORK done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working tife, even if retired) INDUSTRY	COUNTRY?
House Wife Home	14. MOTHER'S MAIDEN NAME
Dried Back	Margarat Woltz
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT/CNA 10 P) Address 1214 TUADASh
(Yes, no, or unknown) (If yes give war or dates of service)  no no no	s Margaret Randall-Haa. Md
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL DETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Conditions, If any, which ) (b) # Theere	20,000318 10765
gave rise to immediate ( cause (a), stating the DUE TO	
underlying cause last. (c)	
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMPLE)	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
E Hnemia	YES NO
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of Injury in Part I or Part II of Hem 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
p.m. 19 at work at work	111-13-11-1
21. I certify that this hospital) attended the deceased from	1995 to 012 6, 1966, that Dwe last
saw the deceased alive on 19 9, and that	death occurred at #F.M, from the lauses and on the date stated above.
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	ATTENDING MED. STAFF
22c. PHYSICIAN'S M.D	PHYS. DIRECTOR PHYS. 1
NAME (Type) ME 134nK, +	Williams pout MI
239. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial July 9 66 Smithsbur	g Cemetery Smithsburg md,
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. RECISTRAR'S SIGNATURE
Minnich Funeral Home Smithsburg M	Id DATE JUL 11 1966 Meanley Judge

VR A15 (4) 20M 1/65



# FOR STATE HEALTH DEPT.

Items 18&21 Film 379

O DEPUTY WED EXALULER. This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to are funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be File pages 1 and 2 with the State Department and in any event within 72 hours after death. 70 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. of Health or its designated agent, prior to burial, cremation, or removal, director. Page 4 shoul retained for your files. TO DEPUTY MED

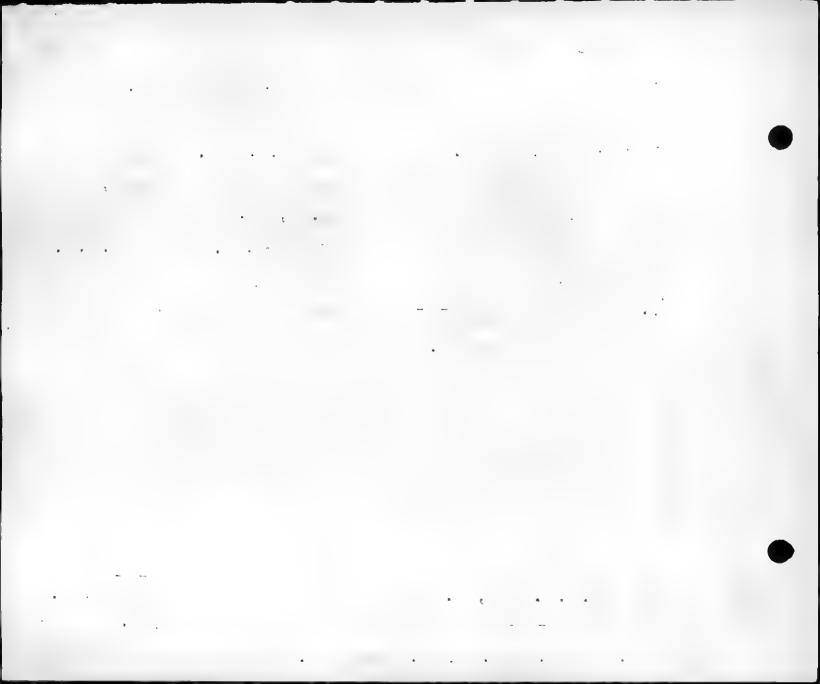
AISME (5)

4		1057	3	M	EDIC/	AL EXAMINER'S	CERTIFICAT	TE OF DEA	TH		1951	jili _
	1.	PLACE OF DEAT	Н				2. USUAL RESIDER	NCE (Where deceased			ice before a	idm (sslen)
К		a. COUNTY Washing	ton			seemed about	a. STATE Maryla	nd	D COUNTY	y ington		
1		b. CITY OR TOW	/N (If outs	de corpora	te ilmits,	MARYLAND c. LENGTH OF STAY IN 18		if outsida corporate			glve neare	st town)
1		Hager sto	and give	nearest tov	νп)	6 Months			,		4	
ł		d. NAME OF HO	SPITAL OR	INSTITUTIO	ON (If not I	n hospital, give street eddres:	Booneb				e. IS RES	SIDENCE
								•			ON A	FARM?
1	2	Union Re	BCUB					Main St.	I A - m Ab		YES	- 40
1	J.	NAME OF DECEASED			Irst	Middle	Lest	4. DATE OF	Month		ay Ye	
	6	(Type or print) SEX	I 6 0010	Cliff		Wayne	Castle 1 8. OATE OF BIRTH	DEATH   9. AGE		y 23. FUNDER 1 YEA	19	~~
1	5.	SEA	O. COLO	R OR RACE				lest	birthday) M	lonths   Days		
		Malc	W	nite	WIDOW		Aug. 31,	1924   41	yrs.	10 22	2	
1	duri	. USUAL OCCUPAT Ing most of work	IJON (GIVe : ing life, e	kind of work ven if ratire	done   101	NO OF BUSINESS OR	11. BIRTHPLAGE	(State or foreign co	intry)	12. CITIZE		T
1		Labor					Middleto	wn, Md.		U.	S. A.	
	13.	FATHER'S NAM	E		_		14. MOTHER'S MA	IDEN NAME				
		Albert (	Castle				Mary Sh	enlev				
-	15.	WARDECEACED	EVED IN II	C ADMED TO	PRCES?	16. SOCIAL SECURITY NO.   17	. INFORMANT	<del>alian's</del>	Address			
	4 2 63	s, po, er unkown)	(11 162 2116	: war or chites (	or service)	219-20-3754	Funeral Hor	ne Records				
	1	18. CAUSE OF	DEATH [E	nter only on	e causa p	er line for (a), (b), and (c).]				I IN	TERVAL BE	ETWEEN
1			EATH WAS	CAUSED BY		haine/ Epilept	io coieumo	with and		Fé	NSET ANO	OEATH
		3000	1141(4127)			mornis signification	TE SELVICE	witti asbi	iyxia—	- II	inut	89
		Conditions, If	any, which	DUE h )	(b)							
		gave rise to										
		cause (e), steting the DUE IO underlying cause last. (c)										
	8			NT CONOITI		HBUTING TO DEATH BUT NOT RE	LATEO TO THE TERMINAL	. DISEASE CONDITIO	I GIVEN IN PA	ART1(a)  15	9. WAS A	
	ATT										PERFOI	NO 🗔
	IFIC.	20a. EXTERNA	L CAUSE V	VAS	20b	. OESCRIBE HOW INJURY OC	CURREO, (Enter nature	of Injury in Part 1 o	r Part II of		192	
	CERTIFICATION	PRIMARY OF DEAT	CONTRIBU	TING			,					
		20c. TIME OF			Year I 20	d. INJURY OCCURRED   20e. P	LACE OF INJURY (Home.	farm.   20f. (City o	or town)	(County)	-	(State)
	MEDICAL	Hour a.i		10111111 0031			tory, street, office bldg.,			(**************************************		,,
	ž.	р.		19	at v	vork at work			1			1.1.
						remains described above, I		Inspection	, Inquir		nd in my	opinion
		death result	ted from:	Natura	causes	X, Accident S	Buicide 💹, Homk		termined m	nanner 🗶		
		ACTUAL	15	7				AL EXAMINER			22. DATE	CICRED
		SIGNATURE	1000	03	alla,			EOICAL EXAMINER		-25-66	121 ONTE	STRITLE
,		EXAMINER'S			/	-		ICAL EXAMINER		-	162	
	020	NAME (Type)				1 23c. NAME OF CEMETE	Address (Stre	et, city, town, or co	M CITY TOW	rstown	MO.	L
	238.	REMOVAL (SP									(3	11410)
	24	Burial FUNERAL OIR	CTOP	1- 2	5- 66	AOORESS	Cemetery 25a, R	EC'O BY REGISTRAR	l 25b. REG		GNATURE	
					30.10				56 20	Charle.	1 Jud	Laz
E.	J	ohn H. B	ast,	Jr. 1.	15 N.	Main St. Boons	Doro Md DATE	10 L L 10	1	-	4.	1

STATE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16574

#### CERTIFICATE OF DEATH

19567

							130	
PLACE OF	Υ				2 USUAL RESIDENCE (Where deceased lived o. STATE	, if institut on Reside	nce before admission)	
Wash	ington		MARYLA		Maryland	Washing		
write	R TOWN (f outside corporate lim RURAL and give neorest town)	ıts,	c. LENGTH OF STAY IN	b	c. CITY OR TOWN (If outside carparate limits	, write RURAL and gi	ve nearest tawn)	
Hage	rstown		23 Days		Boonsboro			
d NAME	OF HOSPITAL OR INSTITUTION (IF	nat in haspital, g	ive street oddress)		d. STREET ADDRESS		e IS RES DENCE ON A FARM?	
Wash	ington County	Hospita.			7 McKelden Dr.		YES NO X	
3 NAME OF DECEASED (Type or	)	First <b>El</b> j	Middle zabeth		Chapman DEATH	Month July 2	9, 19 66	
SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		B DATE OF BIRTH 9 AGE (	n years IF LNDER		
Fema	le White	WIDOWED	DIVORCED		Oct. 16, 1886 79	yrs 9	Days Hours Min	
	CCUPAT ON (Give kind of work dan		ND OF BUSINESS OR		11. BIRTHPLACE (County & State, or foreign cal		ITIZEN OF WHAT DUNTRY?	
Hous	of working life, even if retired)	IN IN	DUSTRY <b>)wn</b> Home		Boonsboro, Md.		U. S. A.	
3. FATHER	S NAME				14. MOTHER'S MAIDEN NAME			
John	H. Smith				Carrie Nyman			
					NFORMANT	Boonsbo	ro. Md.	
No.	INCHOMITY THE YES GIVE WELL OF GOICE	01 3611160)	None	. Ma	Ezra D. Chapman, 7			
18 CAI	<b>USE OF DEATH</b> (Enter only one c IRT 1. DEATH WAS CAUSED BY	6,	(o), (b), and (c))	011	uholus		INTERVAL BETWEEN  MISEL AND DEATH	
1 4	immediate caus	E (0)	<del></del>	0		P		
	ins if ony, which gove	(b) acc	Ac my.	بره	wel in faret		3 Weeks	
	mmediate cause (a), the underlying couse	E TO C	veroly.	_5	artur dennis		YEARS	
PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATI	D TO	THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(o)	19 WAS AUTOPSY PERFORMED? YES NO	
OR CON	DENT WAS UNDERLYING TRIBUTING TO CAUSE OF DEATH  ER, NOTIFY MEDICAL EXAMINER)	205 DE	SCRIBE HOW INJURY OCCU	IR RED	(Enter nature of injury in Port I or Port II of it	em 18.)		
20x TII	ME OF INJURY Month, Day, Year Hour a.m. p.m.	While	Not While		CE OF INJURY (Hame, farm, 20f (City of cory, street, affice bldg., etc.)	or town) (Co	(State) (State)	
21	2) I certify that (1) (this hospital) attended the deceased from 12-14 1964 to 2 127 1956, that (1) (we) las							
sav	w the deceased alive on_	July 25	<u>1946</u> , an	d tha	t death accurred at 🔀 A M, from			
220. \$	220. SIGNATURE STAFF DIRECTOR PHYS. 22b. DATE SIGNED PHYS. 22b. DATE SIGNED PHYS. 22b. DATE SIGNED						Tale Signed	
	HYSICIAN'S AME (Type) JOJE	PH SE	CONDAR	1	22d. ADDRESS BOONS	BORO F	id	
230 BURIAL	, CREMATION, 236 DATE I	HEREOF	23c. NAME OF CEMETE	RY OR	CREMATORY 23d. LOCATION	(City or Town)	(County) (State)	
REMOV	AL(Specify) 7-	51- 66	Boonsbor	0 0	emetery Boons	boro, Md.		
24 FUNERA	AL DIRECTOR		ADDRESS		2Sa. REC'D BY REGISTRAR	2Sb REGISTRAR'S		
John I	H. Bast, Jr. 1	L2 N. Ma	in St. Boon	spo	ro Md DATE AUG 3 19	6 gaia	wer Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or remove, and in may event, within 72 hours after Degrin Poge 4 may be retained by the hospital or ottending physician.

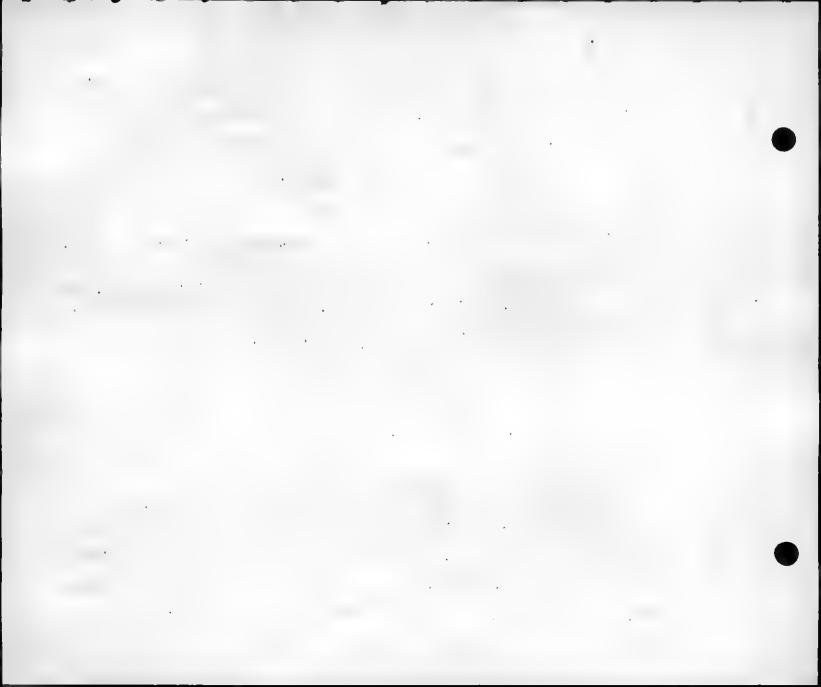
VR A15 (4)



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10568

	1656	0		GERITICAL	E UF DEATH		E11900
1.	PLACE DE DEATH	1			2. USUAL RESIDENCE		ution: Residence before admission)
	a. COUNTY	WASHING!	ron	MARYLAND	a. STATE MAR	YLAND b. COUNTY	WASHINGTON
	b. CITY OR TOW	N (if outside corporat and give nearest tow	le limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporate fimits, write	RURAL and give nearest town)
	HAGERS	TOWN	11)	2 DAYS	HAGE	ERSTOWN	111
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not in he	ospitai, give street address)	d. STREET ADDRESS	DIGOTOWIN	e. IS RESIDENCE
	WASHINGT	ON COUNTY I	HOSPITA	L	111 BROAD	VAY	ON A FARM? YES NO A
3.	NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE Month	Day Year
	(Type or print)	MARY		ELLEN	CLEVIDENCE	DEATH JULY	28 <sub>19</sub> 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.
F	EMALE	WHITE	WIDOWED	DIVORCED [	SEPT. 30, 188	36 79 yrs.	onths Days Hours Min.
10a.	USUAL DC CUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOMEMAK	ing life, even if retire	" Ö	WN HOME	CUMBERTAND	CO., PENNA.	U.S.A.
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN		V R SC LEA
	GE	ORGE HOFFM	AN		EMMA WOI	LF	
15. (Yas	WAS DECEASED E	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT	HAGERSTOWNS	MARYLAND
	NO			ONE M	RS. JANE CLAW	SON 901 POTOM	IAC AVE.
1	18. CAUSE OF	DEATH [ Enter only on	e cause per li	ne for (a), (b), and (c).]			1 INTERVAL BETWEEN
- 1	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE		marchal.	200 : 12: 8112	4 61	ONSET AND DEATH
н	7711	/			Caralle State of the State of t		
	Cenditions, if	DOE	-				
	gave rise to	Immediate (	(b)				
-	cause (a), st underlying caus	acing are [					
중 -			(c) Ons Contribu	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	RT 1(a) 119. WAS AUTOPSY
CERTIFICATION	Colori	tony, Sate	sterial	obstruction,	delydratio	u, artenios des	PERFORMED? YES NOT
ERT	20a. ACCIDENT DR CONTRIBUTI	WAS-UNDERLYING DEAL CAUSE OF DEAL CIFY MEDICAL EXAMI	7H 20b. 0	ESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of In	Jury in Part i or Part II of I	tem 18.)
		INJURY Month, Day,		NURY OCCURRED 120e. PLA	CE OF INJURY (Home, farm	1.1 20f. (City or town)	(County) (State)
MFDICAL	Hour a.n	n.	While at work	Not While facto	ry, street, office bldg., etc.		(Bounty) (State)
- I	21. I certif	v that (I) (this hose	oital), attendo	ed the deceased from	7/26/66 19	_ to 7/28/6	19 that (I) (we) last
- 1	saw the dec	ceased alive on	7/28/	6 6 19 and that	t death occurred at 3:2	22M, from the causes an	d on the date stated above.
ľ	22a. SIGNAȚUI	BE O A //	0	1 11		[2	22b. DATE SIGNED
- 1	100	Trest /h	Carn	Mull M.C	ATTENDING ME	RECTOR PHYS.	7/29/1966
Ţ	22c. PHYSICIA NAME (T)	mal		/	22d. ADDRESS		
_1		NODERI C	AMPBEL				AGERSTOWN MD
23a.	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town	
24	FUNERAL DIRE	AUG.	1,1966	ROSE HILL CEI		HAGERSTOWN, DBY REGISTRAR   25b. REGI	MARY LAND
			77 4 () 1775 (24				al .
	OUNKIES I	M. ROUZER	HAGERS	TOWN, MARYLAND	DATE AUG	3 1986 💯	harles Jedge
							W Y

VR AI5 (4) 20M 1/65



### FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

 $\nu$ 

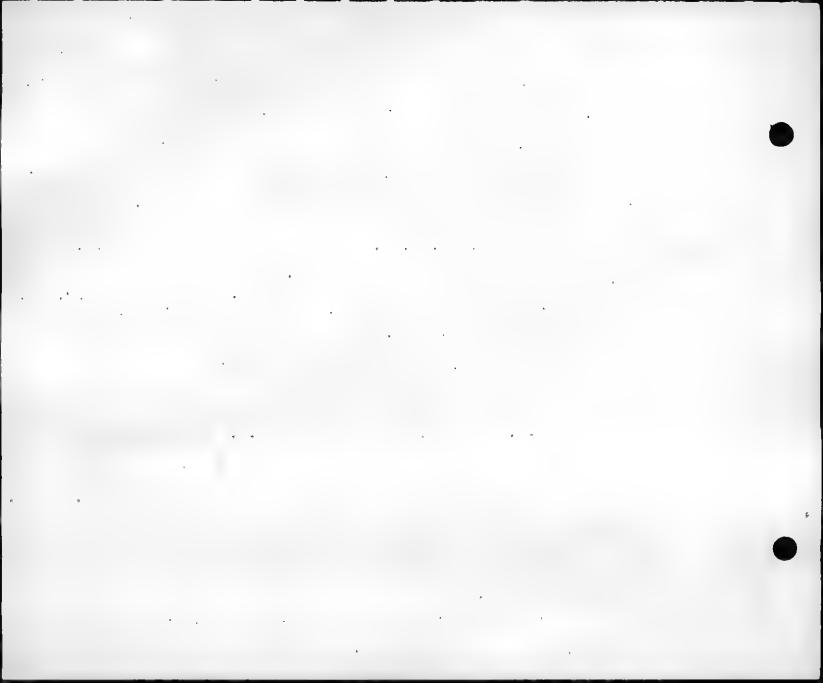
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VR ALSME (5) 5M

1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

l	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 10560
ľ	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1	Washington MARYLAND	a. STATE Maryland b. COUNTY Washington
ł	b. CITY OR TOWN (If outside corporate limits.   c. LENGTH OF STAY IN 1	
ı	write RURAL and give nearest town)	Williamsport
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres	d. STREET ADDRESS e. IS RESIDENCE
	: i. on County ospital	161 N. Conococheague Stayes No X
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
1	(Type or print) Frank Leland	1 Cooper DEATH JULY I 1906
ľ	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IFUNOER 1 YEAR   FUNOER 24 HRS.   last birthday)   Months   Days   Hours   Min.
l	Male   White   WIDOWED   DIVORCED	1. 15 1 44 12 yrs. 3 144 nous min.
1	10e, USUAL OCCUPATION (Give kind of work done) 10b. Kino OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
1	Statisch Tentier V. 1. 1. 1.	Loc' roof Penislyvinia U.S.A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	John Cooper	Jerrie I, Prendle
ĺ	(Yes, no, or unkown)   (If yes give war or dates of service)	7. INFORMANT 101 . VO OCOCOCOCOSTO TO St. d.
	01.0 C5 21151.	rs. Catherine Stanler Willi stort
ľ	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN QNSET, AND DEATH
ı	IMMEDIATE CAUSE (a)	atoma and brain laceration That day
ł	TO C DUE TO Elmostrand ala	ull from a fall
I	conditions, if eny, which gave rise to immediate (b)	ATT I TOM & TAIL
ı	cause (a), stating the DUE TO	
1	underlying cause lest. (c)	FLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE Hypertesive c.v.d. (possible conditions)  20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CONTRIBUTING TO Victim found.	current c.v.a. preceding fallYES W NO CURRED. (Enter nature of injury in Part I or Part II of Rem 18.)
	20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING VICTIM found.	
Į	CAUSE OF DEATH. VICTIM IOUNG.	at bottom of stairs by friend  PLACE DE INILIRY (Home, farm.) 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Fa	ctory, street, office bidg., etc.)
۱		Home Williamsport Rt. 2, Md.
1	21. I certify that I took charge of the remains described above,	
1	death resulted from: Natural causes,	Sulcide , Homicide , Undetermined manner
ı	ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
1	SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER
	EXAMINER'S	DEPUTY MEDICAL EXAMINER K
	23a, BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMET	(Maddiess (Street, City, town, of county)
	REMOVAL (Specify) July 11-46 Granning	
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
V	Albert I. Leaf Villiamsport Md	· DATE JUL 5 1966 Actionle
11		TONIE BUL EL TOUGH /F



CERTIFICATE OF DEATH

4570

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

REC'D BY REGISTRAR

1966

25b. REGISTRAR'S SIGNATURE

Then please remaye carpan pupers. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death for FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then, please remove carban papers. Pages should be filed with the State Dept. of Health priar to burial, cremation, or refraorgh, and in any event, within 72 hours all Page 4 may be retained by the hospital or attending physician

VR A15 (4) 20 M 1/66

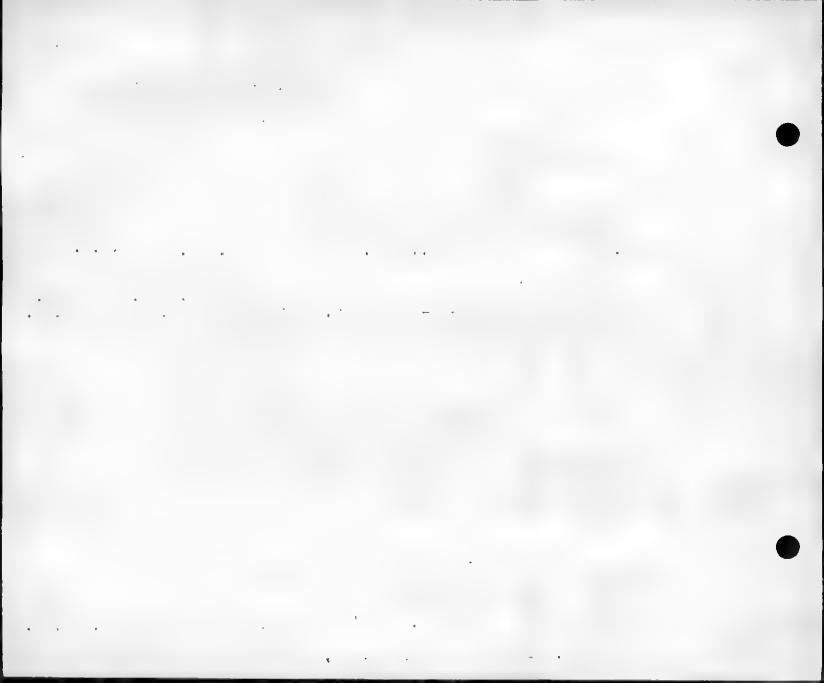
1. PLACE OF DEATH

24 FUNERAL DIRECTOR

1.	PLACE OF DEATH					2. USUAL RESIDENCE (	Where deceased I			a befare adm	nission)
	o. COUNTY. Wash	ington		MARYLA	IND	o. STATE Marylan	đ	b. cour <b>Wa.s.</b>	ningt	on	
	b CITY OR TOWN (	If outside carparate limit digive georest tawn)	S,	c LENGTH OF STAY IN	1b	c CITY OR TOWN (If at			RAL and give	nearest law	/n)
	Hage	rstown		30 yea	rs	1028 Wo	odland	Wav	Hage	rsto	מית
	d NAME OF HOSP T	AL OR INSTITUT ON (If no	at in haspit <mark>al, g</mark>	ive street address)		d STREET ADDRESS			2	e IS	RESIDENCE A FARM?
	1028	Woodland	Way								NO NO
3	NAME OF DECEASED	Fi	rs†	M adle		East	4 DATE	Mont		Day	Year
	(Type ar print)		RTIS			COVER	DEATH	ريال		1 14	19666
5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH	9 AC	GE (In years st birthday)	IF UNDER 1 Months		NDER 24 HRS
	male	white		DIVORCED		July 10.	1895	70 Yrs.			
100	USUAL OCCUPATION  Ting most of working	(Give kind of work done		ND OF BÜSINESS OR Dustry		11. BIRTHPLACE (County	& State, or foreign	(valutry)		ZEN OF WHA	Aī
	Ret.Gr	ocer	Own	Gen Mdse		Carroll		đ.	U.S	.A.	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Col	umbus C.	Cover			Jul	ia Casl	nour			
15	. WAS DECEASED EVE	R IN U.S ARMED FORCES?	of service) 16 S	OCIAL SECURITY NO	17. 1	NFORMANT Su	tton P	1. A	". Pa	rk A	ve.
L.	no	(If yes give war or dates o	214	-09-1647	Mr	s. Nadene	Whayl	and .	Balti	more	.Md .
	18 CAUSE OF DI	EATH (Enter only one cou								INTERVAL	L BETWEEN
	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0) CERLISTRO-VASCULLIA INCOME THEE								S-SC	ND DEATH	
	۴	f DUE			l					. 1	
	rise to immediat		(p)	ream i	1156	Erro Serent	212			11	52
	stating the unde					0.11				4	
	lost	)				C.V.					
₹	PART IF OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO	O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE COI	IDITION GIVEN IN	PART 1(a)			ALTOPSY ORMED?
Ē		5= 25W1C								YES [	NO (2)
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OCCI	JRRED (	Enter nature of injury in	Port I or Port II o	of item 18.)			
MEDICAL	20c. TEME OF INJU	JRY Month, Day, Year				E OF INJURY (Home, form		ty or town)	(Cour	ity}	(Stote)
Z	p.r	10	While at wark	Not While	IOU	ory, street, artice bidg., etc.,					
	21. I certi	fy that (I) (this hos	pital) attend	led the deceased fr	am_2	B IMMY , ]	9 <u>65</u> , to	4 Jacy	, 19 6	4 that (	I) (we) last
		eceased alive on	13 Jul	<u> </u>	d that	death accurred at		om causes	and an the	e date str	ated abave
	22a. SIGNATURE		ے ہو ۔	-1			WED (	STAFF		TE SIGNED	
					M.D	PHYS	DIRECTOR L	PHYS L	16.	7002	1966
	22c. PHYSICIAN'S NAME (Type		FEND	En.		22d. ADDRESS 2.18 IV.	Poroma	E 21 1	HACE	15 tour	y, Uns
23	BUR A. CREMATIC		EREOF	23c. NAME OF CEMETE	RY OR (	REMATORY	23d LOCATI	ON (City or To	wn) (I	County)	(Stote)
	REMOVAL (Specify	ז עונול ל	7 3066	St. Pau	1 's	Lutheran	Myera	VIIIa	Fred	Co	MA

**ADDRESS** 

Myersville, Md.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

_4	0	-	prog	0	
J.	3	0	1	8	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

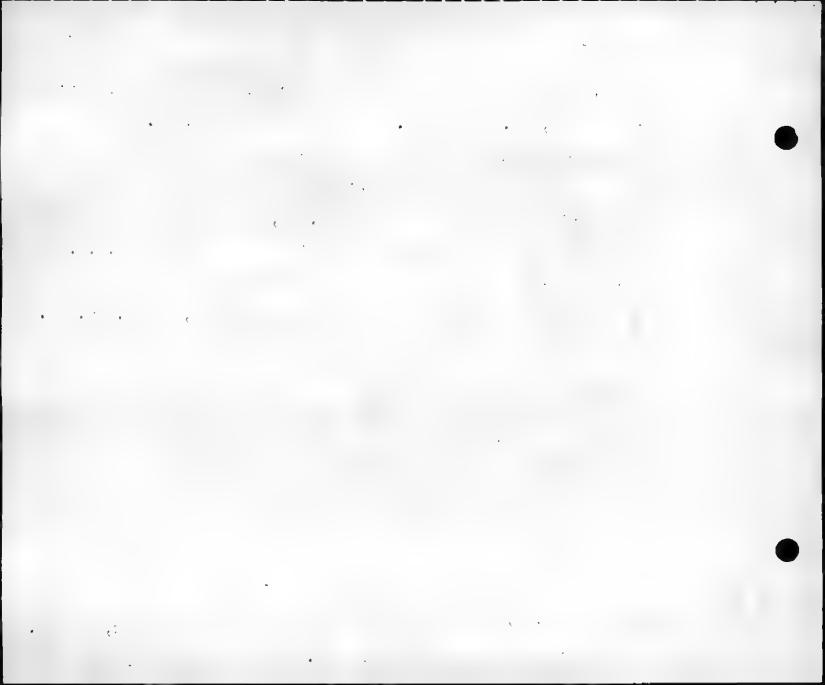
Page 4 may be retained by the hospital or attending physician.

VR A11 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletaly filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remays carban papers. Pages 1 and 3 shauld be filed with the State Dept of Health priar to burial, cremation, or removal, and in any giventy—within 72 hours after degin

CERTIFICATE OF DEATH

2		T0010										
		LACE OF DEATH		2 USUAL RESIDENCE (	Where deceased lived, if institut	on. Residence be	fore admission)					
	(	. COUNTY	MARYLAND	o. SIATE Maryla	and b cour	Wash:	ington					
ŀ	i i	Washington CITY OR TOWN (I outside corporate I mits,	C LENGTH OF STAY IN 15	CITY OR TOWN (If o	interes comparate mute write PIII	Al and a ve nam	rest tawn)					
ŀ		write RURAL and give nearest fawg)	lvr.		Spring, "d.		1 1					
ŀ	_	Conocheague, Md.		d. STREET ADDRESS	opring; de		e IS RESIDENCE					
, [							ON & FARM?					
		Conocheague Nursing		Rural	2		YES 图 NO 🗌					
-		IAME OF First	Middle	Lost	4 DATE Mant	-	oy Year					
		Type or print) Emma	# Cunnir		DEATH JULY	2						
	5 5	The state of the s		B. DATE OF BIRTH	9 AGE (In years last birthday) 85 yrs	Months Day						
		emale White WIDOWE		Aug. 27,18		<u> </u>						
	10a	USUA, OCCLPATION (Give kind of wark dane 10b ng most of warking life, even if retired)	K ND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County	y & State, or fareign country)	12. CITIZEN						
		eme duties	louse work	Ohi		U.S.	A.					
		FATHER'S NAME		14 MOTHER'S MAIDEN	NAME							
		Jacob McCarty		Rosann l	Mills							
	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17 I	NFORMANT	Addre	SS						
-1	[Te	i, no, or unknown) ((If yes give war ar dates af service) None	None M	rs Nellie	Mullen, Cls	pg. Md	. Rd.2					
ŀ		18 CAUSE OF DEATH (Enter only one cause per line					INTERVAL BETWEEN					
-1		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g)	augustanus H	Emat Fm	wine		ONSET AND DEATH					
1		4 3 0 0 DUE TO										
		Conditions, if any, which gave) (b) ARTERIOSCIENTIC HETTER DISERSE										
-1		rise to immediate couse (o).  Stating the underlying couse										
		last (c)	ARTERIOSCLERO	212 Co CH.			TVES.					
	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?										
	CATION	A RESTIONMENTAL	scuttosis =	Chrimin			YES NO					
	1	20a ACCIDENT WAS UNDERLYING ☐ 205.	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part 1 or Port II of item 18)							
1	CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF E-THER, NOTIFY MEDICAL EXAMINER)										
	MEDICAL	tring or mount in the property of the pro		E OF INJURY (Home, for		(County)	(Stote)					
1	E E	Hour o.m. Who at w	rile Nat While focts	ory, street, affice bldg., etc.	-}							
-		21. 1 certify that (I) (this haspital) atta		2 2424 .	1965, to 22 244	· 19:00	that (I) (we) la					
1		saw the deceased alive ab Line	19 (4) and that	t death accurred at	M, fram causes	and an the d	ate stated abov					
1		22o. SIGNATURE		ATTENDING -	MED. STAFF	22b DATE SI						
1		Jan Jane	M.C	). PHYS. HE	DIRECTOR PHYS	م ل عد ا	3019 45					
-		22c PHYSICIANS NAME (Type)		22d ADDRESS	in the M		. 1					
					arougo is?	(10 2 P 2 P	o su Ma					
	23a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To	wn) (Cour	*, , ,					
		12121 7/21/66	Rese Hill	Cemetery	Clear Spr	ing,	Md.					
		FUNERAL DIRECTOR	ADDRESS	2So REC	D BY REGISTRAR 25b. RE	GISTRAR'S SIGNA	Judge					
- 1	/	20.	Clann Smring	Wift Date	T 2 h GOD 16		1 1					



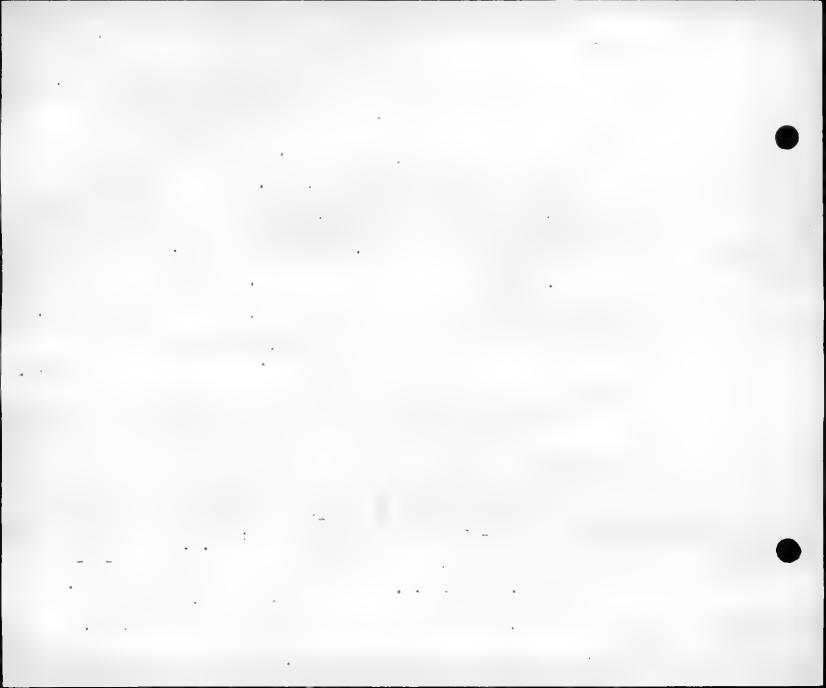
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

8579

CERTIFICATE OF DEATH

	~ ~ ~ ~ ~ ~							
	PLACE OF DEATH					E (Where deceosed lived, if institut an R		
	o. COUNTY	Washing	ton	MARYLAND	o. STATE Mar	yland b. COUNTY	Washington	
	b. CITY OR TOWN	(f autside carparate limits, id give nearest town)		C LENGTH OF STAY IN 16		autside carparate limits, write RURAL ar	nd give nearest tawn)	
1	Hagerst	d give nearest town)		6 weeks	Hage	rstown	1 1	
	ALL S	TAL OR INSTITUTION (If not	in haspital,	give street address)	d STREET ADDRESS		e IS RESIDENCE	
		gton Coun			Rd.	# 2	ON A FARM? YES NO	
3	NAME OF	Fire		Middle	Last	1 4 DATE Month	Dov Year	
	DECEASED (Type or print)	RODGER	WI	LLIAM DA	AVIS, SR	• OF July	13 1966	
5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH		INDER I YEAR   IF UNDER 24 HRS	
m	ale	white	WIDOWFD	DIVORCED	4/28/07	59 yrs	Allas Doja Hudis Mills	
		N (Give kind of work done		CIND OF BUSINESS OR	,	1	12 CIT ZEN OF WHAT COUNTRY?	
וועט	Enginer	life, even if retired) 1001	ai	NDUSTRY reraft mfg.	Waterb	ury, Conn.	COMIKA	
13.	FATHER S NAME		•		14. MOTHER'S MAIDI	EN NAME		
	Albe	rt W. Dav	is		Mary	E. Whitmore		
15.	WAS DECEASED BY	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address		
n		(If yes give wor or dates at	Selvice) 5	9-05-3260	Janetta D	avis Hagers	stown, Md.	
- 1	18. CAUSE OF D	EATH (Enter only one cous	e per line fo	r (o), (b), and (c),)			INTERVAL BETWEEN	
	PART 1. DEA	ITH WAS CAUSED BY	Rmo	nohomenia of	omo di come	left lung, wit	ONSET AND DEATH	
	1	IMMEDIATE CAUSE (					· II .	
		DJE.	o dis	seminated me	etastasis	•	15 min.	
	Conditions, if on	y, which gove	b)				T, mille	
	rise to immedia stating the und		0					
	last.		(c)					
NO	PART II OTHER S	IGNIFICANT CONDITIONS EC	INTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?	
3	DO LECIDOUTIN	AC UNIDER UNIO CO	Dat F	TECCHICA HOW WHILE OCCUPATION	/r	- P-41 P-411 -E-1 184	YES NO X	
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH CAUSE (AS DEATH CAUSE OF DEATH CAUSE (AS DEATH C	205. 0	ESCRIBE HOW INJURY OCCURRED	tenter nature at injury	IN PORT I OF PORT II OT HOM 18.)		
MEDICAL	20c TIME OF IN	IURY Month, Day, Year			ACE OF INJURY (Hame, f		(County) (State)	
	Hour a.m.  While Not While at wark at wark at wark							
	21. 1 cert	ify that (1) (this has		nded the deceased from_	6-3	19 66, to 7-13	, 19_66thot (I) (we) lo	
	saw the o	leceased al ve an				al9:30 M, from causes and	on the date stated above	
	220. SIGNATURE	Afra J. O	Khi	ice N	ATTENDING LD. PHYS.	MED CTAPE	26. DATE SIGNED 7-14-66	
	22c. PHYSICIAN NAMP (Typ	John H.	Kehn	e. M.D.	22d ADDRESS	1229 Ravenwood	-	
91	DIIDIA CDEMAT	ON, 236 DATE THE	DECLE	23c NAME OF CEMETERY OF	Hag	23d LOCATION (City or Town)	(County) (State)	
230	BURIAL, CREMATI REMOVAL/Specif UTIAL	y) ZSD DATE THE		1			, ,,	
			100	Rest Have			AR S SIGNATURE	
24	FUNERAL DIRECT							
	MINNI	TH FUNERAL	HOM	R Hagersto	wn Md DATE	JUL 18 1966 KG	langer Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicans and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours ofter death. TO HOSHITAL OR ATTENDING PHYSICIAN: The law requires that the denth certificate be manageded within 24 hours after death. Pogm 4 moy be retained by the hospital or attending physician. VR A15 (4) 20 ■ 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be betterned for use an the Burial-Mansit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with ten State Dept. If Health prims to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hosmital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
WASHINGTON MARYLAND	a. STATE MARYLAND b. COUNTY WASHINGTON					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
HAGERSTOWN 28 YRS.	HAGERSTOWN , ,					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   0. IS RESIDENCE					
1675 LAURAN ROAD	1675 LAURAN ROAD ON A FARM?					
3. NAME DF First Middle DEGEASED	Last 4. DATE Month Day Year					
(Type or print) LEONA GWENDOLYN DeV	ORE DEATH JULY 24 19 66					
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
FEMALE WHITE WIDOWED DIVORCED	SEPT. 17, 1898   last birthday)   Months   Days   Hours   Min.					
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?					
HOMEMAKER OWN HOME	TUCKER CO., W. VIRGINIA U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
JAMES BUSKIRK	ISABEL STEWART					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. 20. or unknown) ((If yes give war or lates of service)	INFORMANT HAGERSTOWN ess MARY LAND					
(Yes, 70, or unknown) (If yes give war or dates of service) NONE AU	STIN B. DeVORE 1675 LAURAN ROAD					
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	R INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PLUTA TRACE  (c)	ounement to 747					
DUE TO TEN	uzal Corcinemitoria.					
Conditions, If any, which (b)						
gave rise to immediate (						
underlying cause last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
T C C C C C C C C C C C C C C C C C C C	PERFORMED?					
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)					
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
ZDc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLAC	E OF INJURY (Home, farm,   2Df. (City or town) (County) (State)					
Mulle La vot walle La	y, street, office bldg., etc.)					
	19 to July 24, 1966, that (1) (we) last					
21. I) certify that (t) (this hospital) attended the deceased from	death occurred at M, from the causes and on the date stated above.					
CZA, SIGNATURE	22b. DATE SIGNED					
That Medenian M.D.	ATTENDING TO MED. TO STAFF TO 12/26/4066					
22c. PHYSICIAN'S	PHYS. ADDRESS					
MAME (Type) PHILIP J. HIRSHMAN M.D.	159 W. WASH. ST. HAGERSTOWN, MARYLAND					
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)					
BURTAL (Specify) JULY 27,1966 REST HAVEN C	EMETERY HAGERSTOWN, MARYLAND					
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
CHARLES M. ROUZER HAGERSTOWN, MARYLAN	D DATE AUG 2 1966 Scharles Judge					

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10574 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH by the funeral Pages 1 and b COUNTY ashing ton o. Maryland o. COUNTY MARYLAND haurs after Washington c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 16 write RURAL and give negrest town)
Hagers town R. St. James tely filled in b ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) YES NO [ Clear View Nursing Home Middle Lost 4 DATE 3 NAME OF pou OF DEATH 66 DECEASED July 35 "eller Ditto Laurice emave car (Type or print) IF UNDER 24 HRS AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH SEX 6 COLOR OR RACE NEVER MARRIED T 7 MARRIED last b rthdoy) 187 April DIVORCED MIDOWED 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) 10b, KIND OF BUS NESS OR 100 USUAL OCCUPATION (Give kind of work done Retired during most of working I to, even if retired) Near Hancoca. Lad. Farmer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar removal, Elizabeth Olever Ditto Abraham 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dates of service 05-2004 William Pennington St. James Ld INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) þ Page 4 may be retained by the hospital or attending physician DUE TO signed l Conditions, if ony, which gove rise to immediate couse (a), **OUE TO** stoting the underlying couse director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to ная рееп WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PARTITION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO NO. TO FUNERAL DIRECTOR: After this certificate DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 200 ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20e, PLACE OF INJURY (Home, form, 20f. (City or fown) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work deceased fram OC t - , 1963, ta JV/25 , 1966, that (1) (we) last 1966, and that death accurred at 1630 M, fram causes and on the date stated abave. 21. I certify that (1) (this hospital) attended the deceased fram OC t saw the deceased alive an... 22b. DATE SIGNED 220 SISNATURE DIRECTOR M.D 22d ADDRESS 22c PHYSICHAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ✓ (County) 23o BURIAL CREMATION REMOVAL (Specify) St. Pauls Cenetery Near July28 earspring. 25b REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR Funeral VR A15 (4) 20 M 1/66 Hagerstown



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE by the fu Pages 1 urs after after Washington Maryland ashington MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) C. LENGTH OF STAY IN 1b n and completely filled in by remove carbon papers. Pag in any event, within 72 hours hours Hagerstown Maryland 55yrs Hagerstown Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Washington County Hospital YES 106 NO \_\_ Bethel Street executed within 3. NAME OF DECEASED First Last DATE Middle Carter DEATH AGE (In years | IFUNOER TYEAR | IFUNOER 24 RRS. | Months | Days | Hours | Min Webster (Type or print) Dixon 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH NEVER MARRIEO Male Colored WLOOWED X DIVORCED [ Jan 1.6 895 attending physician a ermit. Then please re 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even if retired) COUNTRY? INDUSTRY USA Laborer The law requires that the death certificate Chimney Point 13. FATHER'S NAME Dixon George Nellie Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITYNO. 17. INFORMANT Address been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) World War 106 W. Bethel 236-12-4194 Miss Sadie Dixon Thel St. 18. CAUSE OF DEATH [Enter only one cause per line for (a) 10), and (c) ONSET AND CEATH PART I. DEATH WAS CAUSED BY: physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate as the b or attending DUE TO cause (a), stating the underlying cause last. has WAS AUTOPSY CERTIFICATION PART W. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. of Health p PERFORMEO? detached for use NO [ 208. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. While Not While p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from ... that (I) (we) last and that death occurred als # M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED SIGNATUR 22a. þ TO FUNERAL DIRE director, page 3 should be filed v ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. 4 may HOSPITAL 22d. ADDRESS HAME THEM AB POTOMAC AVENUE D BINFORD. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23a. 23b. Jul 66 Natl Cemetery Gettysburg Pa FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 1966 VR AL5 (4) OATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

9576 CERTIFICATE OF DEATH 16583 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Washington a. COUNTY **b** COUNTY Maryland Washington MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate timits, write RURAL and give nearest town) b CITY OR TOWN (If outside carporote limits, Hager stown 70 years Hagerstown d. NAME DE HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 209 West Side Ave. 209 West Side Ave. YES NO NAME OF First Middle Lost DATE Manth Day Year DECEASED OII 1966 DORSEY 19 ANNIE Ju1v CARDLINE (Type or print) DEATH DATE OF BIRTH IF JNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years Clast birthday) Months Doys Hours 11/6/89 white WIDOWED XX female DIVORCED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) COUNTRY? INDUSTRY Washington Co. Md. home 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Martha Vandreau Samuel Dieterich IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give war or dates of service) Mrs. Kathryn Saum Hagerstown. Md. none  $n_0$ INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), ONSET AND DEATH PART I DEATH WAS CAUSED BY west IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise ta immediate couse (a), DUE TO stating the underlying couse łast. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION PERFORMED? NO 20g ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) Wh.le Nat While at work ot wark 19 66, that (1) (we) last 2]. I certify that (I) (this hospital) attended the deceased fram 1966 and that death occurred at J. J. M. from causes and on the date stated abave. saw the deceased alive and 22b DATE SIGNED 22a SIGNATURE M.D. PHYS DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 12 230. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 22 /66 Hill Cemetery Hagerstown Rose 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR

Hagerstown, M...

DATE

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After VR A15 (4) 20 M 1/66

requires that the death certificate be executed within 24 haurs after death

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filled in by the papers. Page hin 72 hours a

and campletely fremove carban in any event, with

attending physician sermit. Then please

signed by the attending physi burial-transit permit. Then pl burial, cremation, or remaval,

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MINNICH FUNERAL HOME

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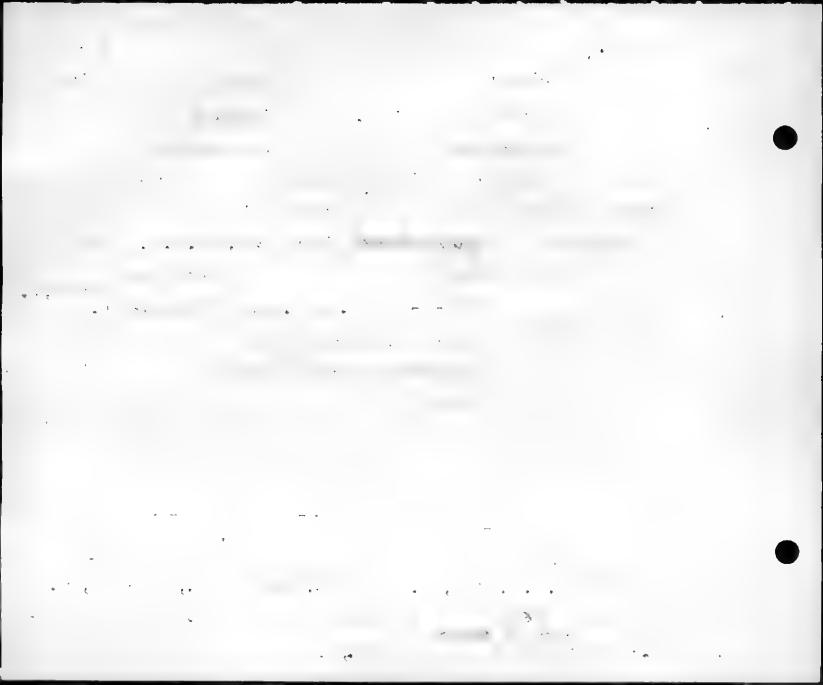
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0501 funeral death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY the h Aby the Pages 1 after r b. COUNTY Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b papers. Pag nin 72 hours hours Hagerstown Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address e. IS RESIDENCE filled d. STREET ADDRES ON A FARM? within 251 Bryan Place Bruan Place NO K etely completely we carbon NAME DE DATE Month Day Middle Last remove carbu DECEASED OF Paulder Margaret 1966 (Type or print) lizabeth DEATH 5. SEX 6. CDLOR DR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months I Days Temale WIDOWED [ DIVORCED anuaru 19. . 1880 86 ed by the attending physician a -transit permit. Then please re i, cremation, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 2 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even If retired) INDUSTRY COUNTRY? USA Housekeeper Beaver Creek Wash home certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME Solomon Faulder Margaret Ramsey Address Hagerstown, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. INFORMANT death (Yes, no, or unknwn) | (If yes pive war or dates of service) Mr. John S 500 Indiana Ave. No 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN has been signed by t e as the burial-transit n prior to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) Cerebral Thrombosis vears **DUE TO** Arteriosclerotic Vascular Disease Conditions, if any, which vears gave rise to immediate DUE TD cause (a), stating the underlying cause last. Senility (c) After this certificate had be detached for use a setate Dept. of Health pr PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? CERTIFICATI NO T hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. After Id be d Not While at work at work retained DIRECTOR: A age 3 should lled with the 5 19\_65\_ to. 7-3-19\_66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 10-1and that death occurred at 1:30M, from the causes and on the date stated above. saw the deceased alive DT 22a. SIGNATURE 22b. DATE SIGNED director, page 3 X DIRECTOR PHYS. **TO HOSPITAL** FUNERAL ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) W. Washington St., . Ditto. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 2 REMOVAL (Specify) Md 1966 VR #15 (4) 20 M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



## FOR STATE HEALTH DEPT.

in any event within 72 hours after death TO DEPUTY MEL EXAMINE This certificate Tould be executed within 14 mens affect leath. If any delay complesse execute the certificate, writing the word "pending" in pencil in Item 36. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

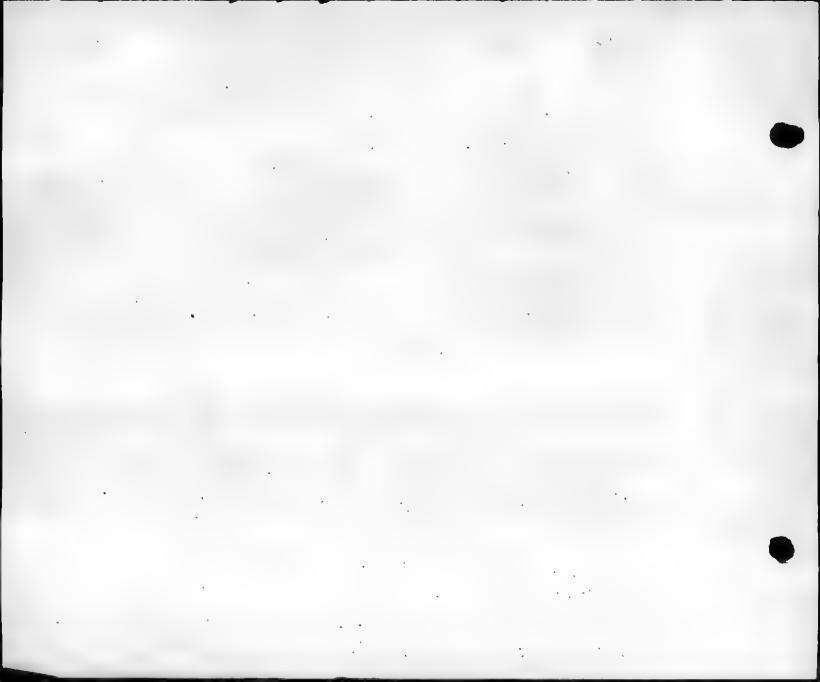
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR = 5ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND SAFRE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- 1		
	1. PLACE OF BEATH  a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Administration b. COUNTY A.
	WASHINGTON MARYLAND	MARYLAND CARROLL
1	b. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)	
H	d. NAME OF HOSPITAL OR INSTITUTION (IF not In hospital, give street address	d STREET ADDRESS O. IS RESIDENCE
	HARREAS FERRY RURAL	ON A FARM! YES NO
ı	3. NAME OF DECEASED First Middle	- FARNEY 4. DATE Month Day Year
ı	(Type or print) Taland Themas	DEATH JULY 3 19 Colo
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE/OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  AUG 15-1920 45 yrs.
ľ	10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during most of working life, even if retirad)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	DRIVER TRUCK DRIVER	MARYLAND USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	DAVID FORNEY	LUA HAHN
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
Į	YES WWI 218-05-5414V	IVIAN FORNEY UNION BRIDGE MP
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	salden salden
	DUE TO	
1	Conditions, if any, which gave rise to immediate (b)	
١	causa (a), steting the DUE TO undarlying cause last,	
	(6)	LATED TO THE TERMINAL DISEASE CONDITION GIVEN INPART 1(a) 119. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE  200. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH.  200. DESCRIBE HOW INJURY OCCURRENCE OF DEATH.	PERFORMED? YES ND D
	200. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	PRIMARY BY OF CONTRIBUTING BY CAUSE OF DEATH.	Tuned in Petimpe & Victing drowned
1		ACE DF INJURY (Home, farm, 20f. (City or town) (County), (State)
1	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PI Hour a.m. 7/13 /16 et work at work	14 Dan's Amoine Cmi South of Sharpshire
	21. I certify that I took charge of the remains described above, h	eld an Autopsy 🔲 , dispection 🗙 , Inquiry 🔲 , and In my opinion
	death resulted from: Natural causes, Accident X, S	ulcide . Homicide , Undetermined manner
	I and and	CHIEF MEDICAL EXAMINER
	SIGNATURE SOUND U. WOULD	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	EXAMINER'S Thurs IN 11 the to	DEPUTY MEDICAL EXAMINER
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Addrass (Street, city, town, of county)  RY OR CREMATORY , 23d, LOCATION (City, town or county) (Stata)
	REMOVAL (Specify) 7/11/1/16 PIPE	REEK NEW WINDSOR RURAL MIL
	24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
{	11) Harpler & Some Union Bridg	My DATE JUL 18 1966 y harles Judge



# FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is recessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. the State Department 72 hours aften death. 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with of Health or its designated agent, prior to burial, cremation, or removal, and in any event within TO DEPUTY MEDIC

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1054 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
10579

1.	PLACE OF DEATH				nstitution: Residence before admission)					
	WASHINGTON	MARYLAND	a. STATE	MARYLAND b. cou	WASHINGTON					
	b. CITY OR TOWN (If outside corporete limit write RURAL and give nearest town)	s, c. LENGTH OF STAY IN 1D			rite RURAL end give nearest town)					
	HAGERSTOWN	10 YRS.		HAGERSTOWN	011					
-	d. NAME OF HOSPITAL OR INSTITUTION (If no		d. STREET ADDRESS		e. IS RESIDENCE					
	224 N. CLEVELAND AVENUE		22h M 6	T TOURIST A NITS ATERIS	ON A FARM?					
				LEVELAND AVE						
4.	DECEASED	Middle	Lest	OF						
-	(Type or print) REBA	AMELIA	FOX  B. DATE OF BIRTH	DEATH JULY	18 19 66					
/	(D) (A T T)	THE PER MARKET		last birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.					
			NOV. 30,190	14 61 yrs.						
dui	a. USUAL OCCUPATION (Give kind of workdone in its most of working life, even if retired)	IDD, KING OF BUSINESS OR INOUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
	RETIRED VAMPER	SHOE FACTORY	MARYLANI		U.S.A.					
13	. FATHER'S NAME		14. MOTHER'S MAI	DEN NAME						
	WILLIAM DANNER		MARY C	. EICHELBERGER	3					
15 (Y	<ol> <li>WAS DECEASED EVER IN U.S. ARMED FORCES?</li> <li>no, or unhown) ((If yes give war or dates of service)</li> </ol>	16. SOCIAL SECURITY NO.   17.	INFORMANT	Addre	985					
1 "	NO		R. CHARLES	E. FOX 224 N.	CLEVELAND AVE.					
	18. CAUSE DF DEATH [Enter only one couse	per line for (a) (b) and (a) I			INTERVAL RETWEEN					
	PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  IMMEDIATE CAUSE (e) Pulmonary Embolus Bilateral (phlebothrombosis)  ONSET AND DEATH  Instant									
	1 3 CL I		TALETAI (							
	Conditions, if any, which (b) Pulmonary Congestion Several years									
	gave rise to immediate									
		ardiac Hypertrophy	T		Several years					
E	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL	DISEASE CONDITION GIVEN I	VPARTI(a) 19. WAS AUTOPSY					
Ě	_				PERFORMED?					
MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS	DESCRIBE HOW INJURY OCCU	IRREO. (Enter nature o	f Infury In Part I or Part II	1 100					
15	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		,							
3	2Dc. TIME OF INJURY Month, Day, Year I	20d INIURY OCCURRED 120e PLA	CE OF INJURY (Home, f	arm.   20f. (City or town)	(County) (State)					
		Santa	ry, street, office bldg.,		(55211),					
¥		While Not While t work at work								
	21. I certify that I took charge of the remains described above, held an Autopsy 🔀, inspection 🔲, inquiry 🔲, and in my opinion									
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner										
	death resulted from: Natural cause			ide 🔲. Undetermine	d manner					
			cide, Homic	AL EXAMINER	Bathappell .					
	death resulted from: Natural cause		cide, Homic Chief Medica M.d., Assistant Me	L EXAMINER COLOR	22. DATE SIGNED					
	ACTUAL SIGNATURE STATEMENT OF THE STATEM	S . Accident ., Sui	CHIEF MEDICA CHIEF MEDICA M.D. ASSISTANT ME DEPUTY MEDICA	AL EXAMINER COLCAL EXAMINER COLCAL EXAMINER (X)	22. DATE SIGNED 7-20-66					
	ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Type) EDWARD W. DIT	TO JR. M.D. 215	cide, Homic Chief Medic/ M.D. ASSISTANT ME DEPUTY MEDIC W. WALSHELLSTORY	n examiner   colical examiner   col examiner   OditySTva, HAGBRST	22. DATE SIGNED 7-20-66 COWN, MD,					
23:	ACTUAL SIGNATURE  EXAMINER'S EDWARD W. DIT  BEMOVAL CREMATION, 23b. DATE THEREO	TO JR. M.D. 215	CIDE . Homic CHIEF MEDICA M.D. ASSISTANT ME DEPUTY MEDICA W. WASHINGE OR CREMATORY	AL EXAMINER COLOR EXAMINER CAL EXAMINER COLOR EXAMINER COLOR EXAMINER CALL EXAMINER CA	22. DATE SIGNED 7-20-66 COWN MD. town or county) (State)					
]	ACTUAL SIGNATURE  EXAMINER'S EDWARD W. DIT  BURIAL, CREMATION, 23b. DATE THEREO  BURIAL (Specify)  BURIAL SPECIFY  JULY 21.	TO JR. M.D. 215  F 23c. NAME OF CEMETERY 1966 ST. PAUL'S	cide , Homic  CHIEF MEDICA  M.D. ASSISTANT ME  DEPUTY MEDIC  W. WASHING  OR CREMATORY  CEMETERY	AL EXAMINER COLOR EXAMINER COLOR EXAMINER COLOR EXAMINER COLOR EXAMINER COLOR EXAMINATION (CRY, WASHINGTON)	22. DATE SIGNED 7-20-66 COWN MD. town or county) (State)					
24	ACTUAL SIGNATURE EXAMINER'S EDWARD W. DIT REMOVAL (Specify)  JULY 21,  FUNERAL DIRECTOR	TO JR. M.D. 215	cide , Homic  CHIEF MEDICA  M.D. ASSISTANT ME  DEPUTY MEDIC  W. WASHING  OR CREMATORY  CEMETERY	AL EXAMINER COLOR EXAMINER CAL EXAMINER COLOR EXAMINER COLOR EXAMINER CALL EXAMINER CA	22. DATE SIGNED 7-20-66 COWN MD. town or county) (State)					

VR AISME (5) SM 1/65

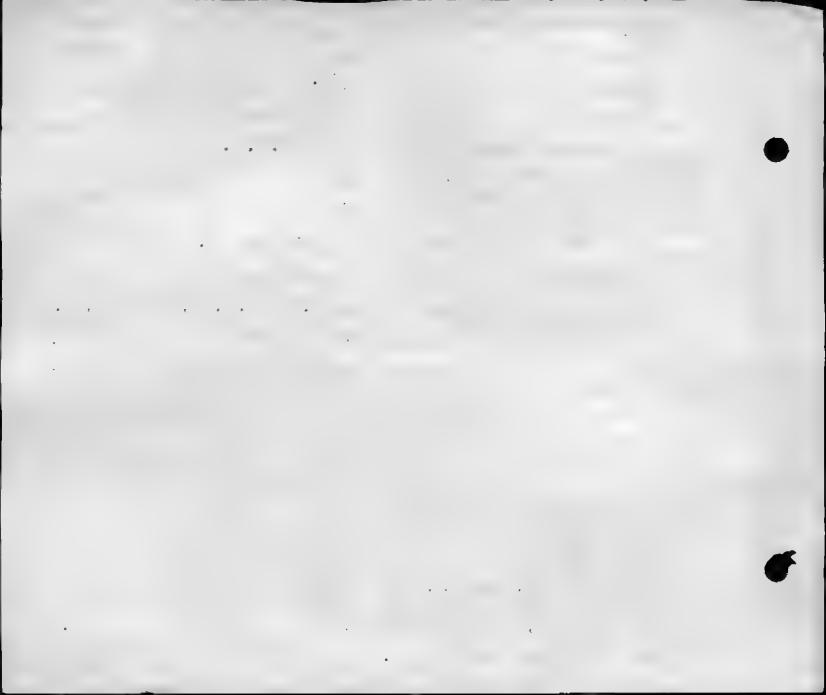


#### MADVIAND STATE DEDADTMENT OF HEALTH

	MARILAND SIAIL DEPARTMENT OF HEALTH	
DIVISION OF STAT	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	LTIMORE 1, MARYLAND
75585	CERTIFICATE OF DEATH	1076

20									
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, it astitution: Reside	nce before admission)						
	Washington MARYLI	a. STATE b. COUNTY Washington	1						
	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)						
-	Hagerstown 9 days	Smithsburg Rural							
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
٦)	Washington County Hospital	R. F. D. #2	YES NO X						
	3. NAME OF First Middle Middle	Last 4. DATE Month Day	Year						
٠.	(Type or print) Naomi. Cathryn	Frey DEATH July 14	166						
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR last birthday)	1						
П	Female White WIDOWED DIVORCED	Oct 10 1899 66 yrs. Months Days	Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY?						
-1	House Wife Home	Smithsburg Md.							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Alfred Smith	Clara Wolfe							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. [Yes, no, or unknown)   (Ifyesgive war or dates of service)	. 17. INFORMANT Address	_						
-1	Nonone	Harry L. Frey R. D. #2, Smithsbur	rg, Md.						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	.1	NTERVAL BETWEEN						
-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured abdom		24 hrs, _						
1	451X DUE TO		10 vears						
-1	Conditions, if any, which \ (b) Arteriosclerotic cardiovascular disease								
- 1	gave rise to immediate cause  {e}, stating the underlying  DUE TO								
	cause last. (c) Diabetes melli	tus	6 years						
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)	19. WAS AUTOPSY PERFORMED?						
4	Y		YES NO NO						
-	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  206. ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OF OR CONTRIBUTING 204USE OF DEATH  INFETTHER, NOTICE MEDICAL EXAMINES	CCURED. (Enter nature of injury in Pert I or Part II of Item 18.)							
1									
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2 Hour a.m. While Not While at work at work at work	20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg , etc.)	(State)						
- 1	p.m. 19 at work at work								
1	21. I certify that (I) (this hospital) attended the deceased								
	saw the deceased alive on	d that death occurred at $8:20$ Approx the causes and on the d	ate slated above						
-1	220. SIGNATURE	ATTENDING MED STAFF _	22b. DATE SIGNED						
	Charles or Acos	M.D. PHYS. X DIRECTOR PHYS.	_						
	22c. PHYSICIAN'S NAME (Type) Charles F. Hess; M.D.	Smithsburg, Maryland 21783	- 1						
		AETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stata)						
1	Vurial July 16, 1966 Rest Haven	n Cemetery Hagerstown	Md.						
()	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRARIS SIGNA	ATURE						
19	Minnich Funeral Home Smithsburg, 1	Md. DATE JUL 19 1966 milliand	es judge						

**VR AIS (4)** 1SM 7-62



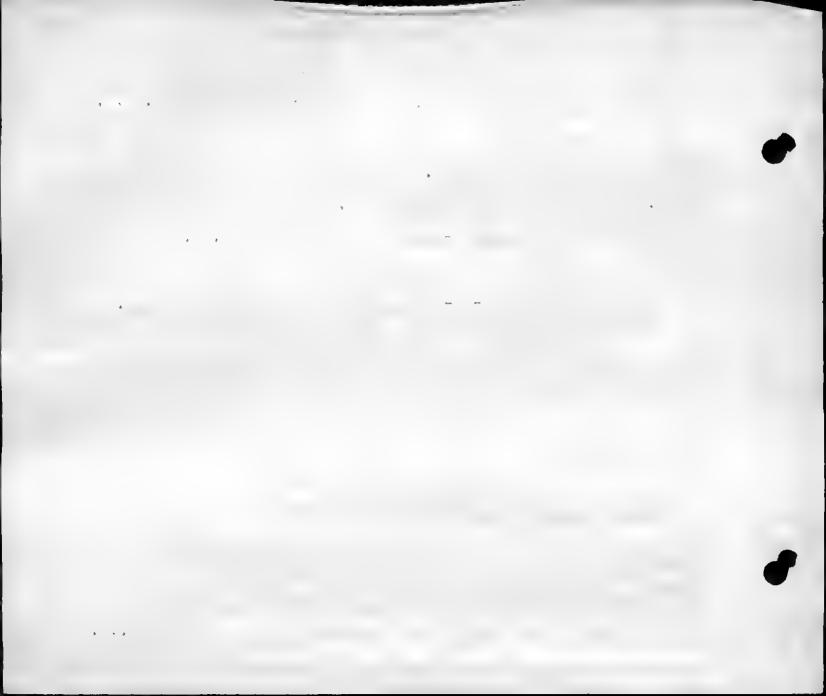
### **CERTIFICATE OF DEATH**

Reg. Dist. No.

	- U 0 0 U #				Reg	J. DIST. POD.			
)	1. PLACE OF DEATH o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (WAS 0. STATE Pa.	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  o. STATE Pa.  b. COUNTY Franklin				
	b. CITY OR TOWN RURAL ond give RUPAL—Ha	(If outside corporate limits, write nearest town) gerstown	LENGTH OF STAY IN 16	e. CITY OR TOWN (IF o	outside corporate limits, write RURAL (ercersburg, Pa.	and give nearest town) V			
	d. NAME OF HOSE OR INSTITUTION	Clearview N	· ·	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO K			
	3. NAME OF DECEASED (Type or print)	First Viola	Middle B •	Gluck	4. DATE Month OF July	Doy Year 16, 1966			
	5. sex Fem.	9 77 0 4	RRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH Aug. 10, 188	9 AGE (in years IF Ut	DER I YEAR IF UNDER 24 HRS.			
	10a USUAL OCCUPAT during most of we HOUSOW	ION (Give kind of work done 10 orking life, even if retired)	6. KIND OF BUSINESS OR INDU		urg, Pa., R.#2	USA			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME				
	Emanu	el B ricker		Lydia C	utchall				
j.	15. WAS DECEASED EV (Yes, no, or unknown)	Md.							
	18. CAUSE OF DE	EATH (Enter only one cause per EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CO	line for (c). (b). ond (c).] oronary occlu			INTERVAL BETWEEN ONSET AND DEATH Sudden			
	Canditians, if gave rise to couse (a), stating lying couse last	ony, which (b) (b) A] immediate DUE TO	rteriosclerot	ic cardiova	scular disease	Years			
*	TX . N medic.	lo in Januar; al diagnosis VAS UNDERLYING O [206. D	CONTRIBUTING TO DEATH BUT 1966, DUT 1966, DUT 1966, DUT 1966, DUT	no direct c	NAL DISEASE CONDITION GIVEN IN ONNECTION With	PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO			
		G CAUSE OF DEATH Y MEDICAL EXAMINER)							
	20c. TIME OF INJU Hour o. jr.	. whi		ACE OF INJURY (Home, form ctary, street, affice bldg., etc.	20f. (City or town)	(County) (State)			
	21. I certify				July 1966, the				
,	ACTUAL SIGNATURE	Hamil	Werke	and i	ADDRESS (Street, city or town, stote) rthern Avenue				
1	PHYSICIAN'S NAME (Typo)		eeks. M.D.	Hagers	town, Maryland				
	220. BURIAL, CREMATI REMOVAL (Specif Burial	100, 226. DATE THEREOF 17/19/66	Welsh Run B		22d. LOCATION (City, town, or county) Mercersburg.	**			
	23 FURTERAL DIRECTO	R'S SIGNATURE	ADDRESS		BY REGISTRAR 246. REGISTRAR	S SIGNATURE			
	1.1.1. To	Eninger 111	runsture to	DATE J		iarles Juage			

the funeral director, I should be filed with TO MOSPITAL OR STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL OR TIENDING THIS SECTION OF THE STATE OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL OF THE STATE OF THE S

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages Hand gud 2 USUAL RESIDENCE (Where deceased lived of institution, Residence before admission) PLACE OF DEATH b COUNTY o. COUNTY filled in by the fundaments. Pages he ish 72 hours after d Malov/Land Washington Washington MARYLAND c. LENGTH OF STAY IN 15 c CITY OR TOWN (flauts de carporate limits, write RURAL and give nearest tawn) b CITY OR TOWN ( floutside corporate limits, write RURAL and give nearest town)
rural Boonsboro 5 years rnral/Bodrsbord larkersburg e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 44 Fahrney-Keedy Memorial Home Fahrhe/v/-/Keedy/N/emo/rial/Homes NO KX corben pr 3 NAME OF Middle DATE Year First Last campletely OF DECEASED 66 GRAFF I.OWENA (NMN) July 19 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH physician and campl hen please remove c hoval, and in any eve 7. MARRIED NEVER MARRIED Hours last birthdoy) Months Dovs WIDOWED X DIVORCED white female 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)
housewife COUNTRY? INDUSTRY Vincent, Ohio home 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physi buriat-transit permit. Then pl burial, crematian, ar removal, Teobald John T. Sevler Elisabeth INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dotes of service) 232-52-3948 Hagerstown Graff no 18. CAUSE OF DEATH (Enter only one couse per lings for (d), (b), and (c) PART ( DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), DUE TO far use as the t Health priar ta b stoting the underlying couse has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES T NO certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 1B) 20g ACCIDENT WAS UNDERLYING be detached for State Dept. af H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL this ( 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, fgrm, (City or fown) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. Not While While ot wark at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from w page 3 shauld to filed with the S and that death accurred at 111. M, from causes and an the date stated above. saw the deceased alive an. 22b DATE SIGNED 22a SIGNATURE M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BURIAL CREMATION DATE THEREOF REMOVAL (Specify) W. Va. /22/66 0dd Fellows Cemetery Parkersburg burial 25g. RECD BY REGISTRAR 25b. REGISTRAR S SIGNATUR 24 FUNERAL DIRECTOR 5 VR A15 (4) FUNERAL HOME Hagerstown, Md. 20 M 1/66

be executed within 24 llaurs after death

The law requires that the duath certificate

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital or attending . .

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 CERTIFICATE OF DEATH ond by the funerol I PLACE OF DEATH a COUNTY

Tashington

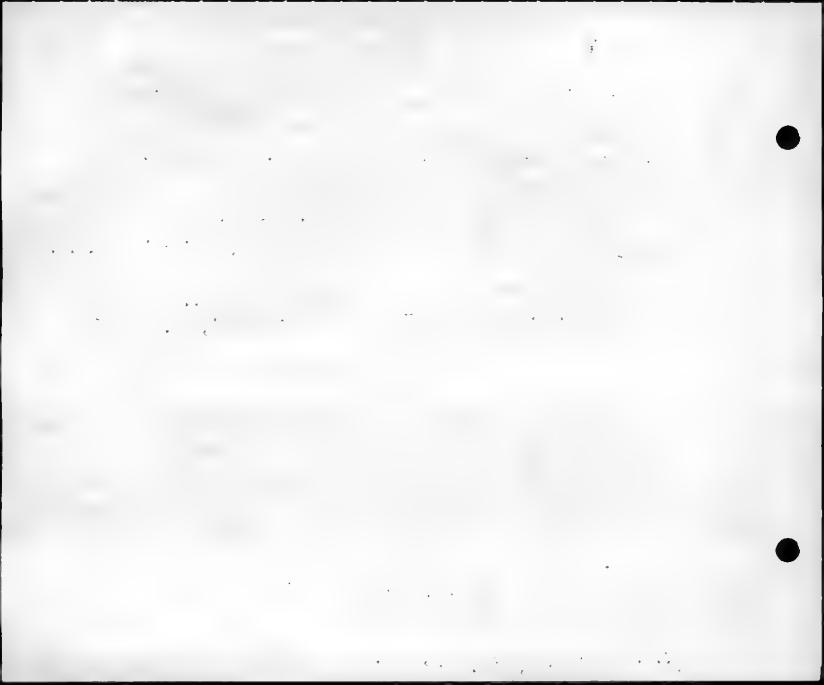
b CITY OR TOWN (fautside carparate limits, write RURAL and give nearest town) ve carbon papers Pages 1 event, within 72 hours after MARYLAND Valantalettord CITY OR TOWN (If outs de coronate limits, write RURA, and give neorest town) c LENGTH OF STAY IN 16 trausburg d STREET ADDRESS HE CETS TOWN

d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 2 weeks e IS RESIDENCE ON A FARM? completely filled in "ashington County NO TO Hospita. carbón 3. NAME OF Middle 4. DATE Year DECEASED July 1966 (Type or print) HARRY DEATH SEX IF UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE B DATE OF BIRTH AGE ( n years 7. MARRIED NEVER MARRIED rémove lost b rthday) Months Doys Sept. White WIDOWED DIVORCED physician and hen please rem 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or Servagn country) 12 CITIZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work dane during most of working life, even firetired) COLINTRY Strausburg, Shehandoa Landscaping 13 FATHER'S NAME 14. MOTHER S MAIDEN NAME or removol, Annie Wetzel Richard Grandstaff the ottending parties of the IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO Supt. Union Rescue Resh. (Yes, no, or unknown) (If yes give war or do es of serv.ce) 135 N. Prospect St ssion. cremotion, Hagerstown, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) signed by the buriol-tronsit p buriol, cremotion ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physicion DUF TO floor of Murch & Metastasis Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause lifter this certificate has been be detached for use as the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES 🗍 NO 20g ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm (City or town) (Stote) 20s TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) foctory, street, office bldg .etc.) Hour am. Not While TO FUNERAL DIRECTOR: After at wark 1966, that Al (we) last 2). I certify that () (this haspital) ottended the deceased from. 1966, to director, page 3 should should be filed with the 19 66, and that death accurred at 6:45 PM, fram causes and on the date stated above. sow the deceased alive on 22b. DATE SIGNED 220 SIGNATURE ATTENDING DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S M. POTOMAC NAME (Type) 23g BJRIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burlal (Specify) 16 Rose Hill Hagerstown. Md. ADDRESS 25b. REGISTRAR'S SIGNATURE 24 FUNERA, DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 uneral Home, Inc. DATE

requires that the death certificate be executed within 24 hours ofter death.

ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16590

#### CERTIFICATE OF DEATH

10584

1654	U		CEKIII	FICATE	OF DEATH				Fa99,	Ť
1. PLACE OF DEATH o. COUNTY	Vashington				2 USUAL RESIDENCE (	Where deceased lived	l, if nstitution b COUNTY	,	before admiss	,
	-			YLAND					-	011
b CITY OR TOWN	(flautside carparate filmi	5,	c LENGTH OF STAY		CITY OR TOWN (IF OL		, write RURA1	L and give i	neorest town)	
"Hager	nd give negrest town)		8 week	5	Hagers	town			V	
d NAME OF HOSPI	ITAL OR INSTITUTION (If n	at in haspit <b>a</b> l, g	jive street address)		d. STREET ADDRESS				e IS RES	FARM?
Washing	ton Count	y Hos	pital		2308 J	efferson	B1vd	1.	-	NO 🗌
3 NAME OF DECEASED		irst	Middle		Last	4 DATE OF	Manth		-	egr
(Type or print)	FRANK	LIN	WOOD	HA	MMOND	DEATH	July		6 19	
S SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIE	0 0 8	DATE OF BIRTH	9 AGE (1	n years			ER 24 HRS
male	white	WIDOWED	DIVORCE	D 🔲	5/12/92	74 tost b	yrs.	mairilis	Days Hours	Mil
100 USLAL OCCUPATIO	N (G ve kind of wark done	10b Ki	ND OF BUSINESS OR		11 BIRTHPLACE (County	& State, or fareign cau	intry)	12 (11)	ZEN OF WHAT	
during most of working	a ife, even if retired)	boa	ard of e	duc.	Hagerst	own. Md.		COU	NTRY?	
13. FATHER S NAME					14. MOTHER'S MAIDEN	· ·		1		
Char	les Hammo	nđ			M.	ay Suman				
	ZER IN U.S. ARMED FORCE ST		SOCIAL SECURITY NO.	17 19	NFORMANT	dy to contain	Address		•	
(Yes, no, or unknown)	(If yes give war or dates	of service)	20-30-96		mma Maude	TT - *** - * ** d				17.5
no				94 ~	mia Madde	папшопа	лае	gerst	own,	
	DEATH (Enter only one co ATH WAS CAUSED BY:	use per line far	(a) (b), apd (c))	r	0194	0 .			INTERVAL BI	
140 1.00	IMMEDIATE CAUSE	(0)	wer or	200	A LANDER	lous			1 lufe	12)
	Y DUE	TO	1	n				ŀ		
	Conditions, if ony, which gove rise to immediate cause (o),									
stating the und		TO								
last.	)	{c}								
PART II. OTHER S	SIGNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PA	RT I(a)		19. WAS AU	TOPSY
200 ACCIDENT W. OR CONTRIBUTION		***************************************							PERFOR YES T	NO 1
200 ACCIDENT W	AS UNDERLYING 🗀	205 DE	SCRIBE HOW INJURY O	CCURRED. (	Enter nature of injury in	Port I or Part II of its	em 1B.)		1 1 1 1 1	
OR CONTRIBUTIN	G 🗀 CAUSE OF DEATH			,						
	y MEDICAL EXAMINER) JURY Month, Day, Year	204 10	NJURY OCCURRED	20a PLAC	E OF INJURY (Hame, farn	n. I 20f (City o	e tawn)	(Coun	tv)	(State)
20c FIME OF IN. Hour o	l.m.	While			ary, street, office bldg , etc.			(coon	****	(31010)
D	i.m. 19	ot war							1	
	tify that (I) (this ha	spital) atteni	ded the deceased	fram	5-13	946010 7	-6		🚣 that (I)	
	deceased alive on	7-6	19.6.6	and that	death accurred at	/// M, fram	causes an	-		ed abav
22o. SIGNATURI	Non	10		M.D	ATTENDING PHYS.		TAFF DHYS.	22b. DAT	TE SIGNED	6
22c PHYSICIAN	3770	7-1	4	117430	22d ADDRESS				4 -	
NAME (Typ		Boyer,	: D.		136 N.	Potomac	Stre	et,H	agerst	own.
23a BURIAL, CREMAT	ION 23b DATE TH	EREVE	23c NAME OF CEM	ETERY OF C		23d. LOCATION				(Stote)
#5NOVAL Speci	y) 7/9/	66			Cemetery		ersto			Sinial
	1 7 7 7		ADDRESS	. 011		D BY REGISTRAR		STRAR'S SIG		
24 FUNERAL DIRECT		****				0.00		m 40 A		
MINNICI	I FUNERAL	HOME	Hagerst	own,	Md . DATE	OF TT 19	366 /	( Constant	eles Ju	dge

TO MOSPITAL OR ATTIMDING PRYNCIAL: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then descent emban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician. 20 M 1/00



		Division of STATISTIC		NAKTLAND SIA RCH AND RECOI						ORE, MARY	(LAND 2)	1201		
	7059	•		CERTIF	ICATE	OF	DEATH				195	55		
1	PLACE OF DEATH O COUNTY Washing	ton		MAR	YLAND		IAL RESIDENC TATE Maryl			d lived, if institution b CO			e odmissio	n)
	Write RURAL and	of outside corporate imits, d give nearest tawn) OWTI AL OR INSTITUTION (If not in		LENGTH OF STAY	M Ib		Rural EET ADDRESS			o timits, write R	JRAL and g	4	tawn)	SCHOOL
		ton County Ho				0, 31K	Rfd.	6					ON A F	
	NAME OF DECEASED (Type or print)	Robert		Middle		Harm	lost <b>nond</b>		ATE IF EATH	July	20,	Doy		66
5	Ma le		MARRIED VIDOWED	NEVER MARRIES DIVORCES			of Birth	1921	9	AGE (In years last birthdoy) 45 yrs	Months 4	Doys	Hours	Mar Mar
	JSUAL OCCUPATION ing most of working Farmer	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY Farming		W	RTHPLACE (Cou illiam	sport		•	12 (	TIZEN OF OUNTRY?	A.	
13	Robert	L. Hammond					THER'S MAID							
15 <b>(Y</b> )	WAS DECEASED EVE es, no. or unknown) NO •	R IN J.S. ARMED FORCES? (If yes give wor or dotes of se	vice) 16 S	00c1al security no 5-18-1329		NFORMA		. Har	mor	Add nd, Rfd	ress 6, F	lager	stow	n,l
	18. CAUSE OF DI PART I. DEA	EATH (Enter on y one couse p TH WAS CAUSED BY. IMMEDIATE CAUSE (a).  DUE TO		(0), (b), and (c))	en	low	e au	eur	y i	h		INTE VONS	RVAL BET	WEEN
	Conditions, if ony rise to immediate stating the under last.	e couse (o), ( DUE TO												
ATION	PART IF. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								WAS AUTO PERFORM S					
MEDICAL CERTIFICATION		S UNDERLYING   CAUSE OF DEATH  MEDICAL EXAMINER)		SCRIBE HOW INJURY O					or Port	II of item 18.)				
MED!CA	20c. TIME OF INJU Hour o.r	URY Month, Doy, Year		JURY OCCURRED Not While			URY (Home, I t, office bldg.,		20f	(City or town)	(0	ounty)	(	Stote)

certify that (1) (this hospital) attended the 19<u>65</u>, that (1) (we) last saw the deceased alive on \_M, fram causes and on the date stated above 22o. SIGNATURE

M.D.

22c. PHYSICIAN'S NAME (Type) COND ATTENDING PHYS. 22d. ADDRESS DONSBORD

MED DIRECTOR

STAFF PHYS.

22b. DATE SIGNED

(Stote)

BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE THEREOF 7- 23- 66

John H. Bast, Jr. 112 N. Main St. Boonsboro Md

23c. NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery 23d. LOCATION (City or Town)

(County)

24. FUNERAL DIRECTOR

ADDRESS

Boonsboro .

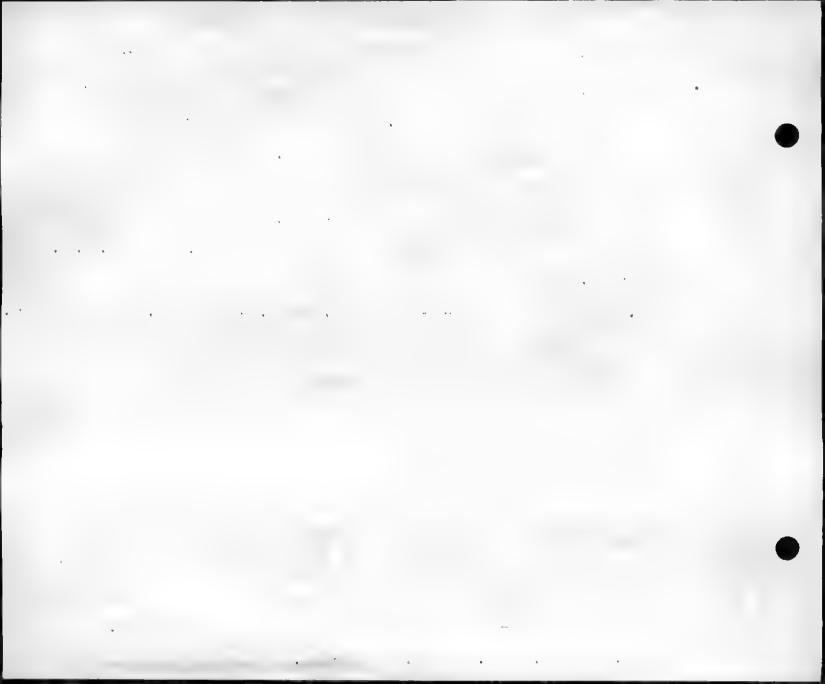
250. REC'D BY REGISTRAR 25b REGISTAL 26 1966

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please Temaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death VR A15 (4) 20 M 1/66

completely filled in by the funeral raye corbon popers. Pages 1 and 2

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or ottending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

O COUNTY Washington MARYLAND O. STATE Maryland	lived, if institution. Residence before admission)
	b COUNTY Washington
	limits, write RURAL and give nearest tawn)
Hagerstown 51 yrs. Hagerstown	211
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS	# 1S RESIDENCE ON A FARM?
Washington County Hospital 1752 Penna.	Ve. YES NO.
3 NAME OF First Middle Lost 4 DATE	Manth Day Year
OFCEASED (Type or print) Issac Lee Hankey DEATH	
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Jest bythday) Months Doys Hours Min
Male   White   WIDOWED   DIVORCED   December 28 190	1961 bythdoy) Months Doys Hours Min
10a US_AL OCCUPATION (G ve kind of work dane during most of working fe, even if retired)  10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State of For INDUSTRY)	gn country) 12 CITIZEN OF WHAT COUNTRY?
Production Planner   Aircraft Mfg.   Waynesboro.	
13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME	_
William Hankey, Sr. Lillian L	е
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 214-09-3899 Mary W. Hankey	Address Hagerstown, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (6), (b), and (c).)  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  A COLOR  IMMEDIATE CAUSE (a)	SAR OBET CHANG
4 YO X DUE TO	
Canditions, if any, which gave ) (b)	· · · · · · · · · · · · · · · · · · ·
ise to Immediate cause (a), Stoting the underlying cause DUE TO	
lost. (c)	
PARTY OTHER SIGNALANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TRELATED TO THE TERMINAL DISEASE CONDITION GIVE	IN PART I(a)  19 WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERVING \( \text{// Constraints} \) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTING \( \text{CENTED CAUSE OF DEATH OF CONTRIBUTING } \) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTING \( \text{CENTED CAUSE OF DEATH OF CONTRIBUTION } \) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port OR CONTRIBUTION ) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port OR CONTRIBUTION ) 20b. DESCRIBE (Enter nature of injury in Port OR CONTRIBUTION ) 20b. DESCRIBE (Enter nature of injury in Port Natu	of item 18)
20c. TIME OF INJURY Month, Dol, Year Hour o.m P.m. 19 20d INJURY OCCURRED Softwark at wark 19 factory, street, office bidg, etc.)	City ar town) (County) (State)
21. I certify that (1) (this hospital) attended the deceased from 1944, the	1966, that (I) (we) las

TO HINTER OR ATTEMBER PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and ce director, page 3 should be detached for use as the bur'ol-transit permit. Then please remay should be filed with the State Dept. of Health prior to buriol, cremation, ar remayol, and in any ■og 4 may b mtained by the hospital or attending physician.

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on papers. Pages I ond 2 within 72 hours after death. Pages 1 and

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complexely filled in by the funeral

VR A15 (4) 20 M 1/66

22t PHYS CIAN'S NAME (Type)

NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Town)

MED DIRECTOR

22b

BURIA, CREMATION,
REMOVA. (Specify)
LUTIAT

24. FUNERAL DIRECTOR Rose Hill Cemetery Har ADDRESS 250 REC BY REGSTRAR Hagerstown, Md DANUL 28 19 1968 Minnich Funeral Home

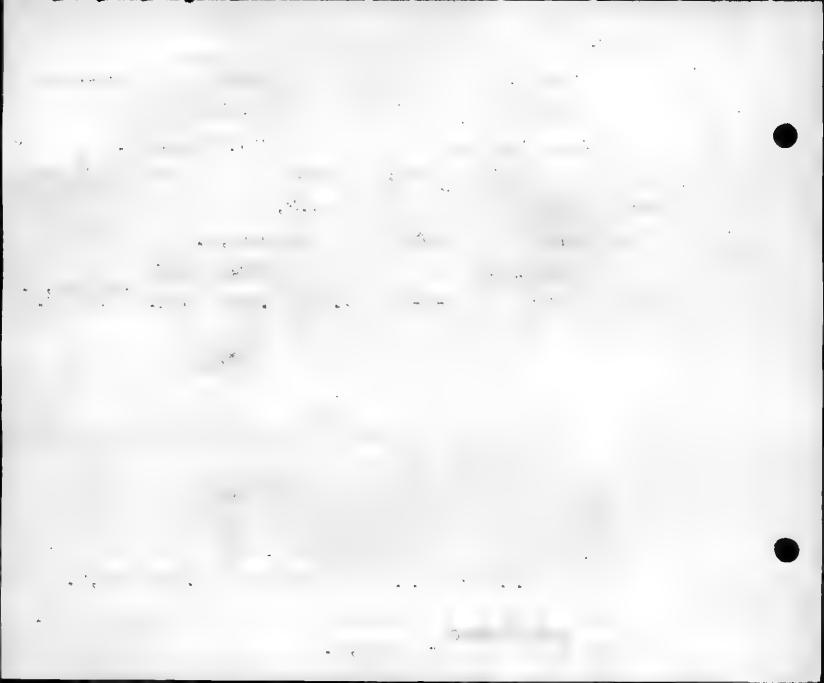
M.D



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10587 CERTIFICATE OF DEATH 10593 The law requires that the death certificate be executed within 24 hours after death and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) by the funeral o. COUNTY o. STATE b. COUNTY **Vashington** Washington Maryland ve carban papers. Pages 1 event, within 72 haurs after MARYLAND b CITY OR TOWN (If outside corporate limits,
write RURAL and give negrest town)
Rural Blue Ridge Summit, Pa. C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Blue Ridge Summit, Penna. Life e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Cascade Road Cascade Rd. YES NO A 3 NAME OF First Middle 4 DATE Lost Year DECEASED Floyd 1956 Lee Harbaugh July (Type or print) DEATH S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE ( n years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours Feb. 26, 1907 White WIDOWED DIVORCED Male 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? INDUSTRY Adams Co.. Penna. Ritchie. Md Fireman 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Fannie Miller Arben Harbaugh burial, crematian, ar remo 17 INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Penna. (Yes, no, or unknown) (If yes give wor or dotes of service) 207-03-7612 Mrs. Floyd L. Harbaugh Blue Ridge Summit no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I DEATH WAS CAUSED BY: signed by the burial-transit IMMEDIATE CAUSE (o) 'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse be detached far use as the State Dept. of Health priar to lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION 20o. ACCIDENT WAS JNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 201 (City or town) (County) foctory, street, office bldg., etc.) Hour o.m. at work at work TO FUNERAL DIRECTOR: After 19,500, to. 21. I certify that (1) (this hospital) attended the deceased from 10 , 1966 that (I) (440) last , page 3 shauld be filed with the 1960, and that death occurred at ... M. fram causes and an the date stated above. saw the deceased alive an, 22o. SIGNATURE STAFF PHYS. M.D. 22c. PHYSICIAN'S NAME (Type) ADD RESS Blue Rigcle Kober director, should be 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) 7/13/1966 Bethel Lantz. Frederick. Md. **ADDRESS** 2So REC'D BY REGISTRAF 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Waynesboro. Penna.



MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0595 funeral and 2 and 2 deathy hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Maryland completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after lashington MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 14 days Rural Williamsport Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Falling Washington County Hospital Waters Road executed within 4. DATE Month NAME OF Middle Last DECEASED Clyde William July (Type or print) Henson DEATH 6. COLOR OR RACE DATE OF BIRTH 9. AGE (in years | FUNDER 1 YEAR | FUNDER 24 HRS. last birthday) Months | Days | Hours | Min. remove 7. MARRIED NEVER MARRIED and White Male WIDOWED IX 66 DIVORCED Jan. 1900 ermit. Then please rel on, or removal and a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR death certificate be Maryland MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas Shipley Katie Henson Williamsport Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT permit. (Yes, no, or unkown) I(If yes give war or dates of service) 217-07-7463 Mr. Charles certificate has been signed by the at hed for use as the burlal-transit perm t. of Health prior to burial, cremation, William Henson No 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), The law requires that the DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) D FUNERAL DIRECTOR: After this certi director, page 3 should be detached f should be filed with the State Dept. of MEDICAL 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While at work Not While at work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at ROM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE STAFF ATTENDING DIRECTOR M.D. ADDRESS PHYSICIAN'S NAME (Type 22c. Ralph Young Williamsport LOCATION (City, town or county) a. BURIAL CREMATION, REMOVAL (Specify)
Burial OF CEMETERY OR CREMATORY 23b. 2 -66 kerstille Cemetery Bakersville REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 1966

Williamsport Md.

Albert L. Leaf

MARYLAND STATE DEPARTMENT OF HEALTH

Washington

12. CITIZEN OF WHAT

PRD INTERVAL BETWEEN

YES T

DATE SIGNED

(County)

22b.

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO [

(State)

(State)

COUNTRY?

U.SA

e. IS RESIDENCE ON A FARM?

Year

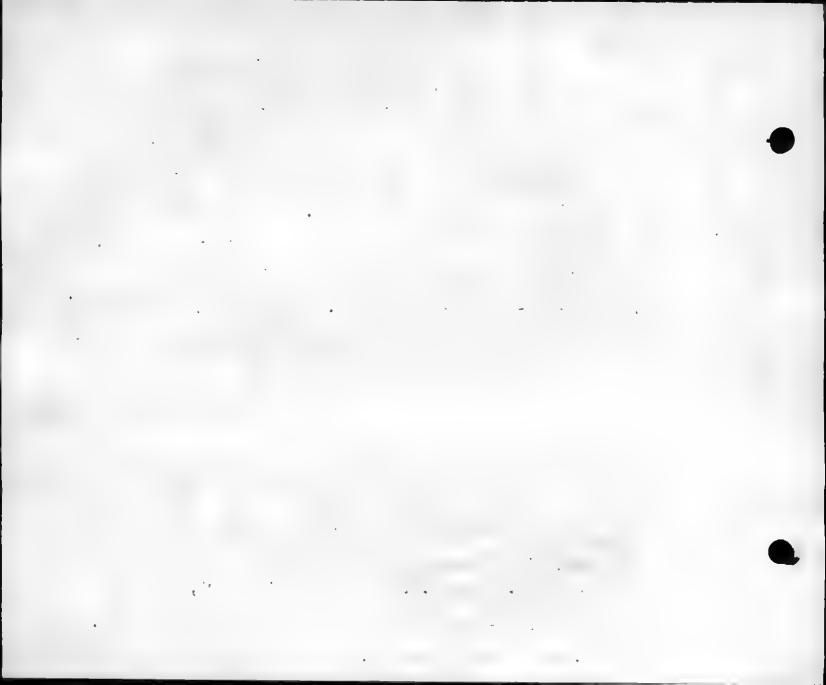
YES

NO X

66 19

RED

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TO FUNERAL DIRECTOR: After this certificate ham been signed by the attending physician and completely filled in by the funeral director, mage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal-saped in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1050
CERTIFICATE OF DEATH

-	1659	5			EKTIFICA	E OF DEAL	Н		1	11501	1
1.	PLACE DE DEATH	4				2. USUAL RESIDE	NCE (Where	deceased lived, If ins	titution: Resi	dence before	etimission)
	a. COUNTY	ASHI NG	TON CO		ARROW TOUR	a. STATE	9.4	b. coun	TY YTI		. V
					MARYLAND NGTH OF STAY IN 1b	c. CITY OR TOWN (	If outside	corporate limits, wri			est town)
	b. CITY OR TOW Write RURAL	and give neare	st town)							g s mount	
	d. NAME OF HOS	RSTOWN	TUTION (If no	t in hospital	9 WKS. give street address	MEED!		FA.	,	B. IS RE	SIDENCE
						, or other Apples	•			ON A	FARM?
0 =		NGTON	COUNTY	HOSP	7					YES	NO X
3.	NAME DF DECEASED		First	400	Middle	Last	4. DA	1445			ear 66
	(Type or print)		SIE		LVIRA	HIXSON	DE			19	
э.	SEX	6. COLOR OR I	ACE 7. MAR	RIED NE	EVER MARRIED [	8. DATE OF BIRTH	1	9. AGE (In years last birthday)	Months   Da	AVS Hours	
	F	W		WED X	DIVORCED	10-10-9		/4 yrs.			
1Da dur	I. USUAL DCCUPAT	ION (Give kind of	work done 1	Db. KIND DF INDUSTR	BUSINESS OR	11. BIRTHPLACE (	County & SI	tate, or foreign country		ZEN OF WHA	AT _
	HOUSE					Fulton	Co.,	Penna.		ISA	
13.	FATHER'S NAM	E				14. MOTHER'S MA	IDEN NAMI	1			
	Wilso	n H. W.	illiam	S		Correna	Win	k			
15	. WAS DECEASED I	EVER IN U.S. ARM	AED FORCES?	16. SOCIAL	SECURITY NO.   17.	INFORMANT		Addres	i\$		
(16	s, no, er ankown)   No	( IT yes give war or	GATES OF SERVICE)		ſ	rs. Norma	Des	hong, Ne	edmor	e. Pa	3.
-		PEATH   Enter o	nly one cause	per line for	(a), (b), and (c).			3,		INTERVAL B	
		ATH WAS CAUS	ED BY:	ARENO		MA SIGMO	IB CO	1 ON		ONSET AND	
		IMMEDIATE C		707	O AITO I ITO	31 0110	ID CC	LUN		6 MO	
	Conditions #	any which i	DUE TO								
	Conditions, If gave rise to		(b)								
	cause (a), st	tating the	DUE TO								
z	underlying caus		(c)	TOLOUTING	O DESTRUCTION		Diaman-	AND TO LOUIS AND	DADT 1(a)	119. WAS A	UTOpev
CERTIFICATION					DEATH BUT NOTRE	LATED TO THE TERMINA	LUISEASEC	CONDITION GIVEN IN	PAK 1 1(a)	PERFO	RMED?
E ICA		TERLOSC	LEROTI	C HEA	RT DISEA					YES	ND X
RTI	2Da. ACCIDENT	WAS UNDERLYI	NG [1   20	b. DESCRIE	BE HOW INJURY OCC	URRED. (Enter nature	of Injury Ir	Part I or Part II o	f  tem 18.)		
	OR CONTRIBUTION (IF EITHER, NO	TIFY MEDICAL E	XAMINER)								
CAL	20c. TIME OF			Dd. INJURY (	faci	AGE OF INJURY (Home, tory, street, office bldg.,	farm, 20	f. (City or town)	(Count	y)	(State)
MEDICAL	Hour a.m		19 at	While No	t While	rail's spicar' onicanign'	, 616./				
~					deceased from_	5-4-	1966	to 7-10-	1966	, that (I)	(we) last
		ceased alive D	- 1 mm 4		1966 and th	at death occurred at	6:08	from the causes	and on the	date state	d above.
	228. SIGNATU		13/2	12	) ond th		101	1	22b. DAT	E SIGNED	
	19	The H	· Vie	True	111() 4	D. PHYS.	MED. DIRECTOR	R PHYS.	7/10	/66	
	22c. PHYSICIA	N'S	- J.			22d. ADDRESS	271.20101			,	
	NAME (T)	(be) JOHN	H. KE	HNE,	M.D.	1229 R.	AVEN	YOOD HELG	HTS, F		
238	. BURIAL, CREM	ATION, 23b. I	DATE THERED	23c.	NAME DF CEMETE	RY OR CREMATORY	23d.	LOCATION (City, to	wn or count	ty) (	stat MD
	REMOVAL (Spe	ecify)	13/66	Ake	rsville	Meth.Cem.	Cr	ystal Sp	rino.	_	
24	PHNERAL DIRE	ETON D	77/00	20	ADDDESS	1 25a B		ÉGISTRAR   25b. RI	EGISTRAR'S	SIGNATURE	
1	Jungord World	V CODE	-	2.2	Main	St. DATE	111 1 2	4 1966 🚜	Charle	2 Judy	ge.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3	10597		CERTIFICATE	OF DEATH		19591	
	PLACE OF DEATH o. COUNTY	Washington	MARYLAND	a STATE	Where deceased lived, if institution Res	a sh •	
	Hagerst		48 years	Hagersto	itside carparate limits, write RURAL and	give rearest tawn)	
		ton County H		d. STREET ADDRESS 42 Broad	way	e. IS RESIDENCE ON A FARM? YES NO	
	NAME OF DECEASED (Type or print)	FRED	Middle HARRISON	Lost HOLDEN		Day Year u1y 19,19 66	
	male	6 COLOR OR RACE 7 MARK		April 6,1	896 70 yrs Manth	DER 1 YEAR FUNDER 24 HRS. Days Hours Min	
dur	ing most of working Engine	(Give kind of work dane . 10 ife, even if retired) <b>ET</b>	b K ND OF BUSINESS OR NDUSTRY railroad	Vilas,	N. Carolina	COUNTRY?	
		illiam B. Ho			ah C. Winebarg	er	
15. (Ye	es, no, ar unknawn) 170		214-09-3276 N	nformant rs. Marie	Holden, Hager		
	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  Pulmonary Congestion - and edema  OUE TO  Conditions, if any, which gave is to immediate cause (a), stating the underlying cause lost.  DUE TO  Example 10 astrocytoma, grade 1V left frontal lobe  12. hrs  astrocytoma, grade 1V left frontal lobe  4 weeks						
FICATION	Diab	etes M; Arterio			. ,	19 WAS AUTOPSY PERFORMED? YES 😿 NO	
CERT	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING ☐ 201 ☐ CAUSE OF DEATH WEDICAL EXAMINER)	b DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in			
MEDICAL	Hour an	none 19	Virile Not While fact	CE OF INJURY (Hame, farm ary, street, office bldg., etc.) DITO		(County) (Stote)	
	sow the de	21. I certify that (I) (this hospital) attended the deceased from Aug , 19 61, to July 19, 1966, that (I) (we) to sow the deceased alive on July 19 1966, and that death occurred at 5 AM, from causes and on the date stated about					
	22c. PHYSICIAN'S NAME (Type)		i R. Tritch, Jr	22d ADDRESS 302 N. 1	otomac Street- #6	agers town, Md	
	a BURIAL CREMATIO REMOVAL (Specify) DUFTAL 4 FUNERAL DIRECTOR	7-22-66	23c. NAME OF CEMETERY OR St. Paul's	Cemetery	23d LOCATION (City or Town)  TUTAL Clear  BY REGISTRAR 25b. REGISTRAR	(County) (State)	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or remayal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The Jaw Equires that the death certificate be executed within 24 hours after direth Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. after death Pand PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Washington Pages For after d a. STATE b. COUNTY Maryland ashington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) papers. Page nin 72 hougs a p write RURAL and give nearest town) hours Hagerstown Maryland 55yrs Hagerstown Maryland .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d STREET ADDRESS a. IS RESIDENCE ON A FARM? Washington County Hospital 645 Forest within VES NO completely carbon NAME OF First Middle Month 4. DATE Year DECEASED DF event. Hopewell Eliza Jul 10 1966 (Type or print) DEATH Ann executed 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** last birthday) | Months | Days Hours and any Colored Female WIDOWED DIVORCEO 68 yrs. ling physician a Then please re 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 5 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and INDUSTRY COUNTRY? Private USA. Domestic family Brunswick. Md certificate 13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME Louis Hopewell Sarah 17. INFORMANT Brooks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) death Mrs. Dorothy Curlin 47 W. Bethel 215-18-1061 CAUSE OF DEATH [ Enter only one cause per line for (a), (b), INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. des been signed the burial-transor to burial, cre DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. P as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) WAS AUTOPSY for use Health use PERFORMED? certificate NO I YES I the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 50 After this cer d be detached Dept. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 12De. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) be de State factory, street, officebldg., etc.) Hour a.m. Not While at work at work retained TO 21. I certify that (i) (this hospital) attended the deceased from DIRECTOR: / age 3 should lied with the 190 salv the deceased alive onc. M, from the causes and on the date stated above. and that death occurred at SIGNATURE 22b. DATE SIGNED 2 B page . ATTENDING DIRECTOR HOSPITAL PHYSICIAN'S NAME (Type) O FUNERAL 22d. ADDRESS director, p should be 1 4 W. Wash. St., BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY LOCATION (C.tv. town or county) (State) Burial (Specify) Cemetery -1966 Hagerstown Maryland 16 Rose 24. FUNERAL DIRECTO ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE A15 (4) 20M

MARYLAND STATE DEPARTMENT OF HEALTH



Page 4 may be retained by the haspital or attending physician.

10500	CERTIFICATE	OF DEATH		10593
		A CICUAL BECIDENCE OF	Where deceased lived, if institution Re-	utana katan alaman
PLACE OF DEATH		o. STATE	where deceased lived, it institution is:	siderice before edmission)
o. coulty a shing ton	MARYLAND	o. STATE Maryla		
b CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	tside corporate Emits, write RJRAL and	g ve neorest town)
write RURAL and give nearest tawn)	12Days	Haga	erstown	A 1 1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi		d. STREET ADDRESS	22000111	e IS RESIDENCE
· ·		[		ON A FARM?
Tashington County F	lospital	1,0, 21	rerman Ave	YES NO E
3 NAME OF First	Middle	Last	4 DATE Month	Day Year
(Type or print) OLA DA"	SON HUFF		DEATH July 17	1966 19
S SEX 6 COLOR OR RACE 7, MARR		DATE OF BIRTH	9 AGF (In years   IF UN	DER 1 YEAR   IF UNDER 24 HRS
		June 12 18	385 81 yrs. Mant	hs Days Hours Min.
- 02/01/20	b KIND OF BUSINESS OR			2 C TIZEN OF WHAT
during most of working life, even if retired)				COUNTRYA
during most of working life, even if retired) Housewife	Own Home		ineral Co	USA
13 FATHER'S NAME		14 MOTHER'S MAIDEN N		
Charles P. Dawson		Martha	E. Arnold	
IS WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17.	NFORMANT	Address	
(Yes, no, ar unknown) (If yes give wor or dates of service)	None Tal	lace R. Hi	iff Clear Spri	ng Lad R #1
		1000 110 110		INTERVAL BETWEEN
18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY				ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Congestive fai</u>	lure		Sev. weeks
442X DUE TO				
Conditions, if ony, which gove ) (b)	artericeleroti	c cardiova	ascular diseas	e Years
rise to immediate cause (a), DUE TO				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT PELATED TO 1	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(a)	19. WAS AUTOPSY
N TAN II. VIII SIGNIFICATI CONTROL CONTROL				PERFORMED?
Nephrosclerosis	and pulmonary	fibrosis		YES NO X
SE 20a ACCIDENT WAS UNDERLYING STORE 201	DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in I	Port I or Part II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
		E OF INJURY (Hame, farm		(County) (State)
Hour o.m. 19 of	Vhile Nat While foct	ory, street, affice bldg., etc )		
21. I certify that (1) (this haspital) at		1961	9 . + 1966 ,	19, that (I) (we) last
saw the deceased plive on 7/1	7/66 19aand tha	death accurred at	6:30M, fram causes and a	in the date stated above
220. SIGNATURE		acom accord ar		b. DATE SIGNED
220. SIGNATURE	WKLendolls!	ATTENDING D. PHYS	MED STAFF	7/18/66
	77 C CATOPOLONIA	22d. ADDRESS	DIRECTOR LI PHYS. LI	//10/00
22c. PHYSICIAN'S Howard N. Wo	eeks, M.D.		wthown Arro H	anomakana Mi
			rthern Ave., H	
230 BURIA, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)
REMOVAL (Specify)	Rose Hill	Cenetery	Hagerstown "	ash Co Md
24 FUNERAL DIRECTOR Hagerstow.		250. REC'D	BY REGISTRAR 1986 REGISTRA	
	neral Home Ind	DATE JU	1 21 1966 4	arles judge

YR A15 (4) 20 M 1/66

TO HOSPITAL OR

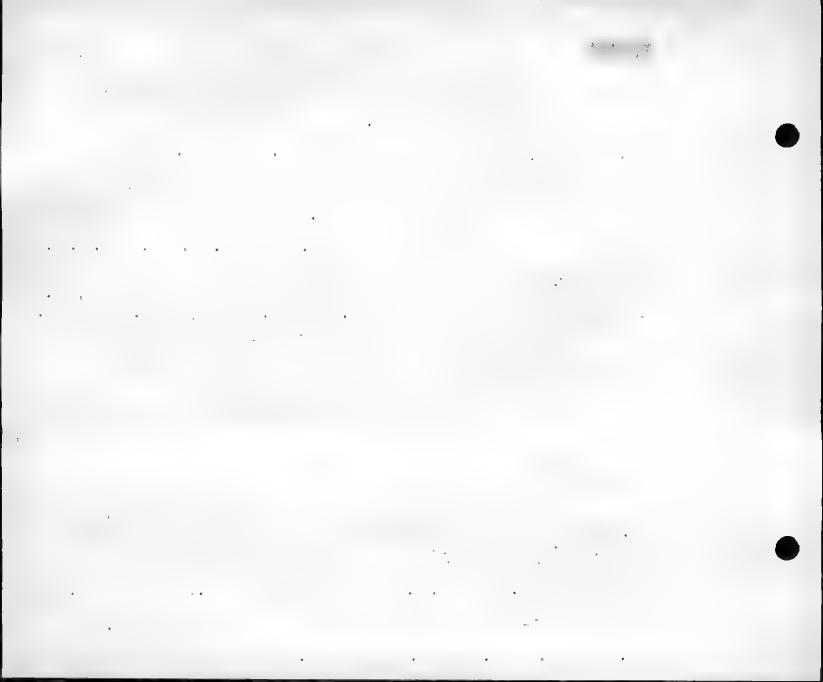
# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compresely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death **IO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

19690		CERTIFICAT	E OF DEATH	ariy ontillioney filmitem	19594
o COUNTY Washingto	on	MARYLAND	2 USUAL RESIDENCE (V a. STATE Maryland	Where deceased fived, if institution b. COUNTY	Res dence befare odmissian) ington
b. CIY OR TOWN I	If autside carparate limits, d give nearest tawn)	E LENGTH OF STAY IN 36	c CITY OR TOWN (If GE	utside carparate limits, write RURAL	
d NAME OF HOSPI	TAL OR INSTITUTION (If not in	haspita, give street oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
Washingto	on County Hos	P1CA1 Middle	Lost	otomac St.	YES  №0 2
OFCEASED (Type or print)	Louise	Jane	Kephart	OF July 19	
S SEX	6 CDEOR OR RACE 7	MARRIED NEVER MARRIED	8 DATE OF BIRTH	last birthdov) N	FUNDER 1 YEAR IF JNDER 24 HRS
Female	11112200	WIDOWED DIVORCED	Nov. 12, 18		8 7
during most of working HOUSEWIE	N (Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY. Own Home		& State or fareign country) Wash. Co., Md.	12 CITIZEN OF WHAT COUNTRY? U. S. A.
13 FATHER S NAME			14. MOTHER'S MAIDEN	NAME	
David Ric			Minnie Bo		
	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of se	rvice)	INFORMANT	Kephart, 801 S.	rstown, Md.
Canditions, if ony rise to immedia stoting the under last.	(b) (b) (c) (c) (c)	(Kheimetve)	Anthri		INTERVAL BETWEEN DWS TAND DEATH
CATION		RIBUTING TO DEATH BUT NOT RELATED TO			19 WAS AUTOPSY PERFORMED? YES NO
	IS UNDERLYING  GCAUSE OF DEATH MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRES	) (Enter noture of injury in	Port I at Part II af Item 18)	
20c TIME OF INJ Hour a	10		LACE OF INJURY (Home, form octory, street, affice bldg, etc.)	)	(Caunty) (State)
	ify that (1) (this haspite leceased alive on <b>7</b> =	al) attended the deceosed fram	at death occurred at	19 50 ta 7 - 2-0 520 PM, from causes an	_, 19 <b>66</b> , that (1) ( <del>we)</del> las d on the date stated above
220. SIGNATURE	m M-C	letty	M.D. ATTENDING PHYS 22d ADDRESS	MED. DIRECTOR D PHYS.	7/22/66
22c PHYSICIAN NAME (Type	Dalton M. W	elty, M. D.		ac Ave. Hagerst	own Md.
230 BUR-AL, CREMATI	ON, 23b DATE THEREC	DF 23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City or Town)	(County) (State)
24 FUNERAL DIRECTO	,	ADDRESS	2Sa. REC'I		TRAR'S SIGNATURE
John H. Ba	st, Jr. 112 h	W. Main St. Boonsb	oro, Md. DATE	L 26 1966 gc	ranley Judge

VR A15 (4) 20 M 1/66

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		10601	10	CERTIF		F DEATH		1	0595
1	C	COUNTY Was	heny to		/LAND	ISUAL RESIDENCE (W)	ere deceosed lived, if i	COUNTY Resident	e before odmiss on)
		o. CITY OR TOWN ( four	nezest-own)	t length of stay		Cumb	ide corporate limits, wr	ite RURAL and give	
		Western	- /	pospital, give street oddress)	d :	TREET ADDRESS	7. Cent	ie St	e is residence on a farm? Yes \ no \( \mathbb{L} \mathbb{Z} \)
	1	NAME OF DECEASED Type or print)	Catherin	ne Elizabet	th ki	IROY	4 DATE OF DEATH	Month /U/Y	Doy Year 1966
	5.5	imbe )	phite w	MARRIED WEVER MARRIEI IDOWED DIVORCEI	000	TE OF BIRTH 218/191		yrs Months	Doys Hours Min
	durii	usual occupation (Giving many of working life, e	ven if retired)	10b. KIND OF BUSINESS OR INDUSTRY		Cumbi			INTRY? S, A
		oseph	Kilro	ry		agther's maiden na	Baker		
		WAS DECEASED EVER IN L s, no (If ye	J.S. ARMED FORCES? s give wor or dates of sept	16. SOCIAL SECURITY NO.	mess Mess	Suzano	u Kilroy	Address	LMQ
		18. CAUSE OF DEATH PART I DEATH W	AS CAUSED BY IMMEDIATE CAUSE (0) _	r line for (o), (b), and (c).)  COPCL'NG	mate	515			INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, who rise to immediate coustoing the underlying last.	Ise (o), ( DUS TO	broncho	geni	e Rano	inoma		un known
	ATION	PART 1., OTHER SIGNIFI	CANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RE	ATED TO THE TE	RMINAL DISEASE COND	ITION GIVEN IN PART I	(0)	19 WAS AUTOPSY PERFORMED? YES 2 NO
	L CERTIFICATION	200 ACCIDENT WAS UNE OR CONTRIBUTING ☐ CA (IF EITHER, NOTIFY MEDI	LUSE OF DEATH	205. DESCRIBE HOW INJURY O	CCURRED (Enter	noture of injury in Po	ort 1 or Port II of item	18.)	
	MEDICAL	20c TIME OF INJURY HOUR o.m.	Month, Day, Year 19	20d. INJURY OCCURRED While Not While of work		NJURY (Home, form, reet, office bldg., etc.)	20f. (City or to	wn) (Cou	inty) (Stote)
		saw the decea	hat (I) (this hospita sed alive on Let	) attended the deceased 14 6, 19 66,	from /72< and that dec	# CK 22 , 19 th occurred at 2	66 to 101	uses and an tl	ne date stated above
		220. SIGNATURE	Viita	r L. Ram	M.D. 1	HYS. D	AED. STAFF	B Ju	TE SIGNED 1966
		22c. PHYSICIAN'S NAME (Type)	VICTOR	1, Ramos	עיחן.		tagersto		eyland
,		BURIAL, CREMATION,	23b. DATE THEREOF	6 St Pete	FIERY OR CREMA	ul Com.	23d LOCATION (City	erland	(County) M (Stote)
)		FUNERAL DIRECTOR	tin In	ADDRESS	mo	2 2So. REC'D	BY REGISTRAR 2	Sb. REGISTRAR'S S	GNATURE Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

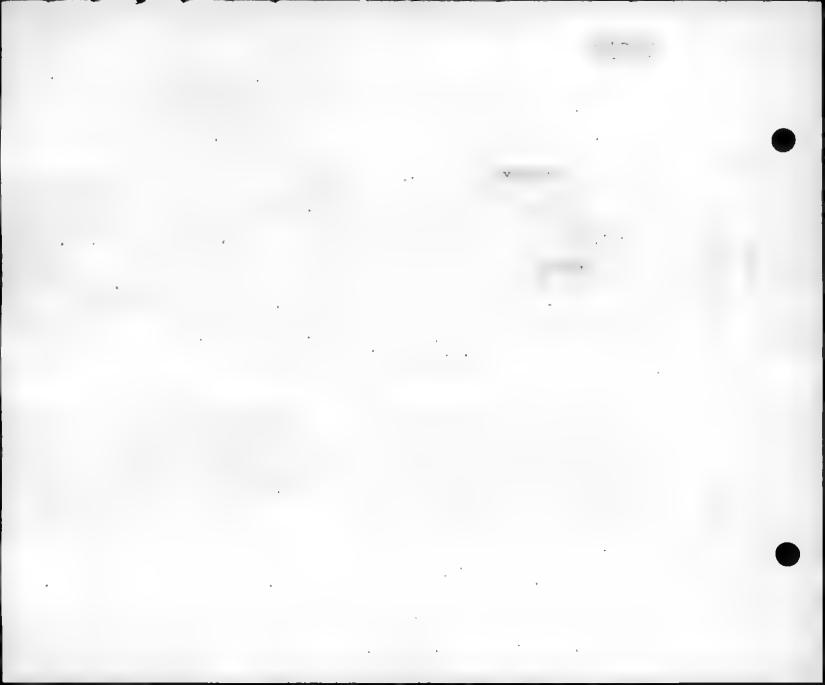
Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the overload physician and completely filled in by the funeral director, page 3 should be detached for use as the bural-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death." death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY NEW JERSEY after BERGEN attending physician and completely filled in by the frmit. Then please remove carbon papers. Pages 1 n, or removal, and in any event, within 72 hours after WASHINGTON MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours 2 WEEKS HARRINGTON PARK HAGERSTOWN e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? WASHINGTON COUNTY HOSPITAL 72 KOHRING CIRCLE YES NO. executed within Month Year NAME OF First Last DATE 3. Middle DECEASED 66 CAROLYN KING DEATH JULY 19 (Type or print) Α. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED last birthday) | Months | Days Hours 39 FEMALE OCT. 14.1926 WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR death certificate be **COUNTRY?** during most of working life, even if retired) INDUSTRY PENNSYLVANIA U.S.A HOMEMAKER OWN HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AUGUST. SPORCK UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT HARRING TON Address N. JERSEY 16. SOCIAL SECURITYNO. been signed by the attend the burial-transit permit. or to burial, cremation, or r (Yes, No, or unkown) (If yes give war or dates of service) WILLIAM G. KING 72 KOHRING CIRCLE UNKNOWN INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid & intracerebral hemorrhage attending physician. DUE TORUPtured congenital intracranial aneurysm, (right internal carotid artery) 8 days Cenditions, If any, which gave rise to immediate has been e as the l DUE TO cause (a), stating the underlying cause last. WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION certificate hand for use of Health p PERFORMED? NO-F PHYSICIAN: T the hospital 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) FUNERAL DIRECTOR: After this certification, page 3 should be detached frouid be filed with the State Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While - Not While retained by at work at work p.m. June 26 19, 66 to July 4 1966\_, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at 2:30% from the causes and on the date stated above. July 19 66 saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATURE 8 STAFF ATTENDING 1966 PHYS. PHYS. DIRECTOR тау 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 132 N. POTOMAC ST. HAGERSTOWN. MD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) DATE THEREOF 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) 0 5/1966 ST. ANTHONY CEMETERY NANUET . NEW JERSEY ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR liance 1966 DATE JUL CHARLES M. ROUZER VR AIS (4) HAGERSTOWN, MARYLAND 20M 1/65





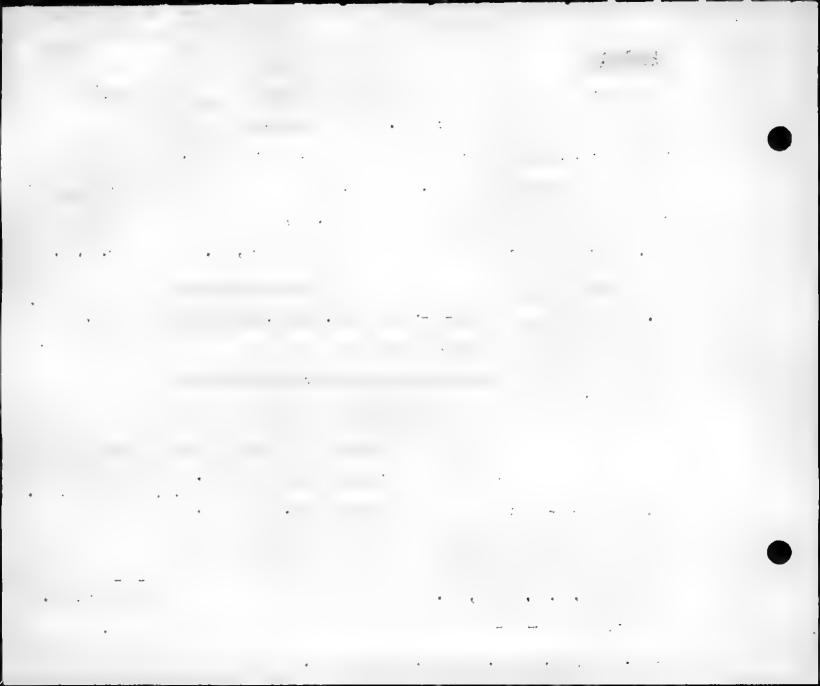
# FOR STATE HEALTH DEPT.

TO DEPUTY MED EXAMINER. This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18" Give Pages 1, 2, and 3 to the Uneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office after with form PM3. Page 5 may be retained for your files. TO FUKERAL DIRECTOR. Page 3 should be used as a burial transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

		STATE DEPART			
Division of STATISTICAL	RESEARCH AN	D RECORDS, 301 W	. PRESTON ST	REET, BALTIMORE	I, MARYLAND
					A c. by A

	10504	MED	ICAL EX	(AMINER'S	CERTIFICATI	· ·	H	14598
ž.	PLACE OF DEAR a. COUNTY Washingto	on		MARYLAND	2. USUAL RESIDENCE a. STATE Maryland		d, If institution: Reb. COUNTY Washin	esidence before admission)
		N (if outside corporete lim end give nearest town)	Its, c. LE	NGTH OF STAY IN 15				
	Hagerstov d. Name of hos	YIL SPITAL OR INSTITUTION (IF	not in hospital	O Yrs.	Hagerato	Wn		a. IS RESIDENCE
		on County Hosp				keliff Dr.		ON A FARM? YES NO
3.	NAME OF DECEASED	First	"	Middle	Last	4. DATE OF	Month	Day Year
-	(Type or print)	Everett		C.	Long	DEATH	July 29,	
	SEX			EVER MARRIED	8. DATE OF BIRTH	last bir	thday) Months !	Days Hours   Min.
	Male		DOWED	DIVORCED	Jan. 30, 19	01 65	yrs.   5	29
dui	ing most of work	ION (Give kind of work doneing life, even if retired)	INDUST	RY	}	tate or foreign count	CO	TIZEN OF WHAT
13.	FATHER'S NAM	ern Operator	Tave	ern	Boonsbo	ro Md .	U	. S. A.
	Caleb Lor				Fannie	Mullendore		
15 (Y)	. WAS DECEASED E	VER IN U.S. ARMED FORCES (If yes give war or dates of service	?   16. SOCIA	L SECURITY NO.   17.	INFORMANT		Address	stown, Md.
	No •	An healter was at district to will the		1-4221 A	Mrs. Ruth Lo	ng. 2303 Ro	ckeliff	Dr.
	18. CAUSE OF	DEATH [Enter only one caus	se per line for	(a), (b), and (c).]				INTERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Pulmons	ry Embolis	TTP .			ONSET AND DEATH
	8162		A III III III III III III III III III I	3 = 1100				4000
	Conditions, If	any, which } (b)	Runture	d Spleen &	Trauma To I	ntestines		
	gave rise to ceuse (a), st	immediate (		1				
	underlying caus	e last. (c)_						
MEDICAL CERTIFICATION	PART II. OTHERS	IGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO THE TERMINAL D	DISEASE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ERTIF	20a. EXTERNAL PRIMARY TO OF CAUSE OF DEAT	CONTRIBUTING [			URRED. (Enter nature of		art II of Item 18.	
DICAL		NJURY Month, Day, Year	While - N	OCCURRED 20e. PL	was in a co ACE OF INJURY (Home, fa ory, street, office bldg., e	irm, 20f. (City or t tc.) Hagers to	own) Washi	nty) (State) ngton, Md.
ME		1. 6-13- 1966	at work a	T WOLK PETINOS	hern Ave & S		Inquiru -	and in my animian
	death result	that I took charge of ted from: Natural caus			nicide . Homicia	Inspection, de Undeter	Inquiry, mined manner	and in my opinion
	000111 1000111		11	COLOUTE PE,	CHIEF MEDICAL		111111111111111111111111111111111111111	
	SIGNATURE	1 24/1	Lotto	7	M.D. ASSISTANT MEI			22. DATE SIGNED
	CATMINEDIC		0			AL EXAMINER X	7-30-6	6
02	NAME (Type)	Dr. E. W. Dit			Address (Street	t, city, town, or count	y) Hagerst	own, Md.
23a	BURIAL, CREM REMOVAL (Spe BUrial	ATION, 23b. DATE THERE	66 23c.	NAME OF CEMETER		23d. LOCATION (		
24	. FUNERAL DIRE		50	ADDRESS	n Cemetery 25a. REC	Hagers	5b. REGISTRAR'S	SIGNATURE
Jo	ohn H. Ra	st, Jr. 112 N	Main	St. Roonsh	DATE AL	JG 3 1966	1 tear	les Judge
		77 - 7 - 22 - 11	A WARRED	MAN THANKS TO BE	AT A BUILDING			

(5) 1/65



Division of STATISTICAL DESPADER AND RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

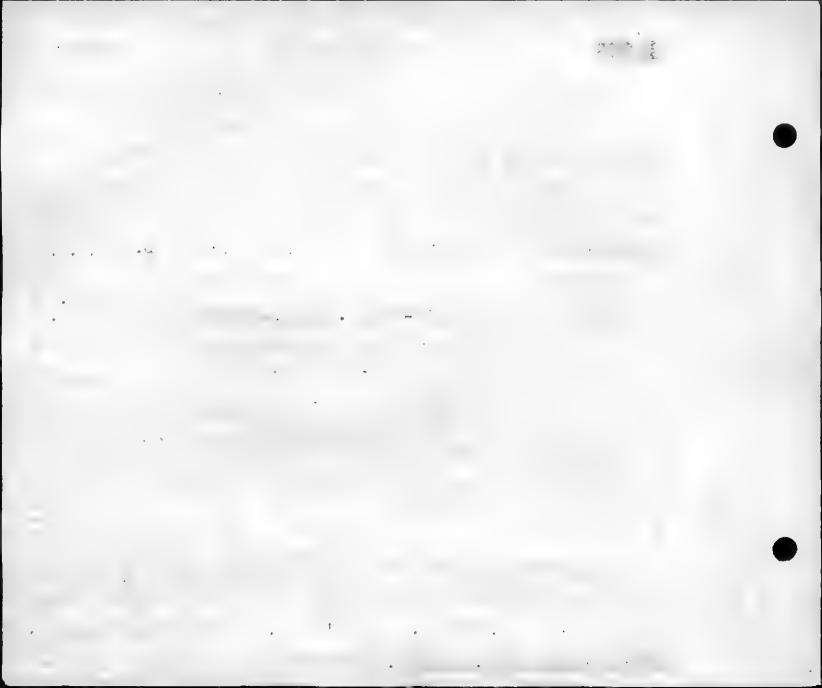
	10605		CERTIFICATE	OF DEATH	,	10599
1	PLACE OF DEATH o. COUNTY			2. USUAŁ RESIDENCE (V	Where deceased lived, if institution b. COUNTY	Residence before admission
-	WASHINGTON		MARYLAND ENGTH OF STAY IN 16	MARY	TAND  Itside corporate firmits, write RURAL	ALLEGANY
	b CITY OR TOWN (if outside corporate write RURAL and give nearest town HAGERSTOWN		MONTH		TBURG	ond give neorest town)
-	d NAME OF HOSPITAL OR INSTITUTION			d STREET ADDRESS	TDUMG	e IS RESIDENCE
	WESTERN MARYLA	ND STATE	HOSPITAL	59 M	C CULLOH STRI	ON A FARM? YES NO YES
3	NAME OF DECEASED	First	Middle	Lost	4 DATE Month	Doy Year
	(Type or print) CORP.  SEX 6. COLOR OR RACI		HOLLGAN 18	BATE OF BIRTH	DEATH /C//	UNDER I YEAR   IF UNDER 24 HRS
Ĺ	EMALE WHITE	WIDOWED		EDRIL14,18	ost birthdov) M	onths Doys Hours Min.
1(	Do USJAL OCCUPATION (Give kind of work		BUSINESS OR		& State, or foreign country)	12. CITIZEN OF WHAT
L	uring most of working life, even if retired) STENOGRAPHER	BOOKK	EEPING		COUNTY, MI.	COUNTRY?
1	3. FATHER S NAME			14. MOTHER'S MAIDEN I		
-	JOSH HINKLE  S. WAS DECEASED EVER IN U.S ARMED FOR	CESS 16 SOCIAL	L SECURITY NO.   17. IN	SUSAN WI		TDC 100
i	Yes, no, or unknown) (If yes give wor or do	ites of service)	30-0628MR2		GHNEY 59 MCCI	JRG, MD.
F	1B. CAUSE OF DEATH (Enter only on			/ .	./	INTERVAL BETWEEN
١	PART DEATH WAS CAUSED BY IMMEDIATE C	AUSE (o)	to cciedia	e infarc	400	ONSET AND DEATH
ı	Conditions, if ony, which gove )	DUE TO	ERO selero	cis sem	000	cente ananz
	rise to immediate couse (o), stating the underlying couse	DUE TO			. / - C	- LITTLE COOK
	last	(c) apple	PRIDSELERO	sir, 98118	ral	11
2	PART II OTHER SIGNIFICANT CONDITION	1 0 111	- 1 127790	CHE ELLINO		19. WAS AUTOPSY PERFORMED?
CEPTIERCATION	200 ACCIDENT WAS UNDERLYING		Infarction (		OSCIEROSIS OBLITE Port I or Port II of item 1B.)	rans YES W NO
CEDTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ZVD. DESCRIBI	E HOW INJURY OLCORRED. (I	cinei noiore or injury in	rols i of rols ii of tiem 15.j	
MEDICAL	20c TIME OF INJURY Month, Day, Ye			OF INJURY (Home, form		(County) (State)
ME	pm.	19 While of work	of work L	ry street, office bldg , etc.		
	21. 1 certify that (1) (this	hospital) attended to	the deceased from	cone 14,1	966, to 14147	, 1966, that (I) (we) last d on the date stated above.
	saw the deceased alive o	1 44.7	17 <u>66</u> , UIIU IIIUI			22b DATE SIGNED
l	Viil	er L. Ku	mae, M.D		MED. DIRECTOR DISTAFF PHYS	July 8,1966
l	22c PHYSICIAN'S NAME (Type)	TOR LI	Pamas m	22d ADDRESS	restern md. So	maeviand
2	30 RURIAL CREMATION 23h DAI		C. NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town)	(County) (Stote)
	BURIAL (Specify)	11.1966	ST. MTCHAEL			LLEGANY CO. MD
	24 PUNERAL DIRECTOR M. XCCCES		ADDRESS ERAL HOME	25o. REC'I	BY REGISTRAR 256 REGIST	
M	ARTLOU SOWERS	TAM W TON		TETTE DATE	JL 13 1966	The state of the s

TO IUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please hymove carbon papers. Pages, and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, that you event, within 72 haurs after reath. VR A15 (4) 20 M 1/66

60

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.



	MARYLAND	STATE DEPARTM	MENT OF HEALT	Ή	
DIVISION OF S	TATISTICAL RESEARCH AI	ND RECORDS, 301 W	. PRESTON STREE	T, BALTIMORE 1	, MARYLAND
10606	TATISTICAL RESEARCH AI	RTIFICATE OF	DEATH		10500

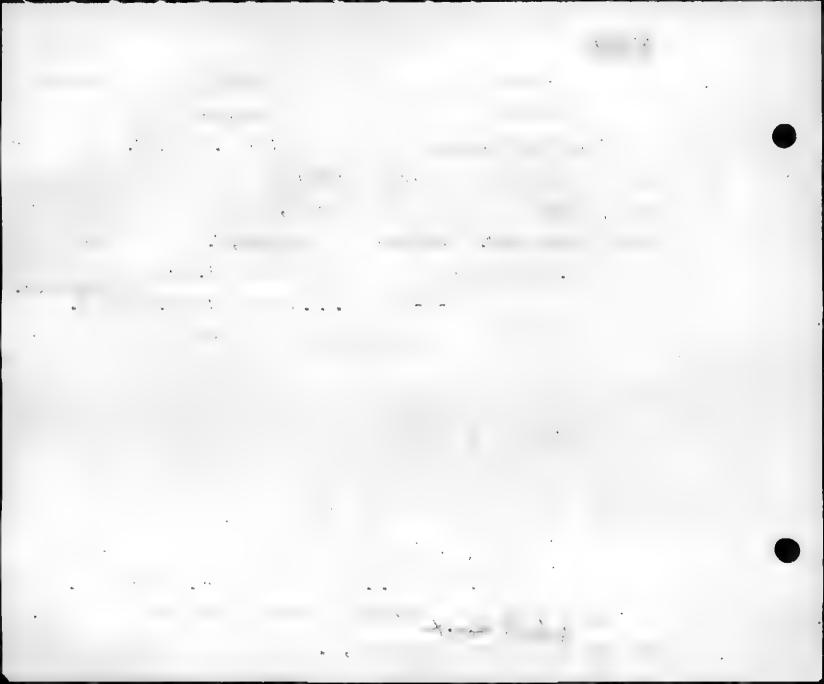
	10606		(	CERTIFICA	TE OF	<b>DEATH</b>	,		1113	599
1.	PLACE OF DEATH a. COUNTY	Washington		MARYLAN	a. S	AL RESIDENCE		d lived, If Institu b. COUNTY	tion: Residenc	e before admission)
		outside corporate lim give nearest town) Hagerstown L OR INSTITUTION (if		NGTH DF STAY IN  Life			utside corpore	ite limits, write i		ve nearest town)
		on County H			(55) U. STRE	1095	N.Pot	omac St.		DN A FARM?
3.	NAME OF DECEASED	First		Middle		st	4. DATE	Month	Day	
5.	(Type or print)	Alber OLOR OR RACE 17. M.		Heard	Lushba	ugh	DEATH 9. AG	July Frin years HEL	25 INDER 1 YEAR	19 66 IF UNDER 24 HRS.
\		ed * 4	DOWED N	EVER MARRIED		6,1900	6 e	st birthday)   Mo	nths Days	Hours Min.
dur	Ing most of working his	le, even if retired)	INDUSTI		11. BIR	THPLACE (Cour gerstown	44.4	oreign country)	12. CITIZEN COUNTRY	OF WHAT
	. FATHER'S NAME				14. MO	THER'S MAIDE	N NAME			
16	. WAS DECEASED EVER	3. Frank Lus		LSECURITY ND.	17. INFORMA		lie I.B		11	<b>.</b>
	es, no, or unkown) (If ye	s give war or dates of service	(e)			Lushbang	gh 109	N.Poto		town, Md.
	PART I. DEATH		se per line for	(a), (b), and (c).1	perm	9 lol	an pres	(more)	INTE DNS 2	RVAL BETWEEN ET AND DEATH
NOL	cause (a), stating underlying cause las	the DUE TD	ONTRIBUTING T	D DEATH BUT NOT	RELATED TO TH	E TERMINAL DIS	SEASE CONDITI	ON GIVEN IN PAR	T 1(a) 119.	WAS AUTOPSY PERFORMED?
CERTIFICATI	20a. ACCIDENT WAS DR CONTRIBUTING T (IF EITHER, NOTIFY	UNDERLYING [] CAYSE OF DEATH MEDICAL EXAMINER),		BE HOW INJURY O	OCCURRED. (En	ter nature of Is	njury in Part i	or Part II of Ito		NO 🗍
MEDICAL	20c. TIME OF INJUR Hour a.m. p.m.	Y Month, Day, Year		OCCURRED 20e. ot While	PLACE OF INJU actory, street,	JRY (Home, farm office bldg., etc.	n, 20f. (Cit)	y or town)	(County)	(State)
	21. I certify the saw the decease	et (I) (this hospital)	1 12 12	_	that death or	3 , 19 courred at 3	to 	7/LT  64 the causes and		nat (I) (we) last e stated above.
	22a. SIGNATURE	Run	sulh)	Weakle	M.D. PHYS.			STAFF PHYS.	7/26	
	22c. PHYSICIAN'S NAME (Type)	Howard			580			Hagerst		
238	BURIAL, CREMATIO REMOVAL (Specify)	7/27/66	DF 23c.	NAME DE CEME Rest Hav		tery	Hage	IBN (City, town		(State) Md.
24	FUNERAL DIRECTOR	W 100 4.1	Hors !	-ADDRESS	Mal	25a. REC'I		AR   256. REGIS	trar's sign	Judge
_/	Kest Haven	mnerac_na	pel	Hagerstou	111a	DATE	4 U 1	VY //		

DATE JUL

. . . .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completally filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Peges 4 and 2 should be detached for use as the burial, cremation, or removal, apprin any event, within 72 hours after death. TO MOSMITAL OF EXTENDING MAYSICIAM. The law requires that the death certificate be executed mitlin 2m hours after Weath. Page 4 may be retained by the hospital or attending physician.

#15 (4) M 1/65

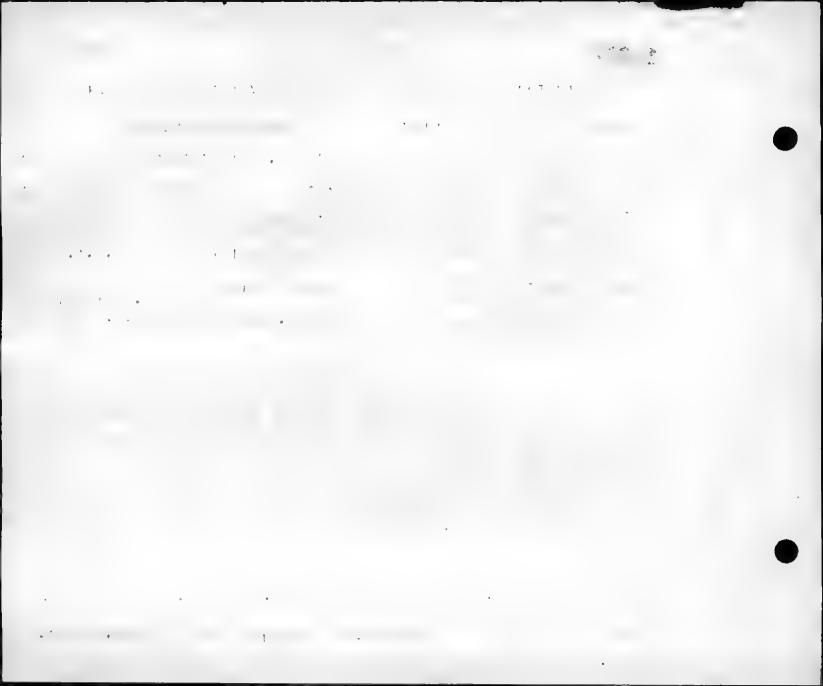


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

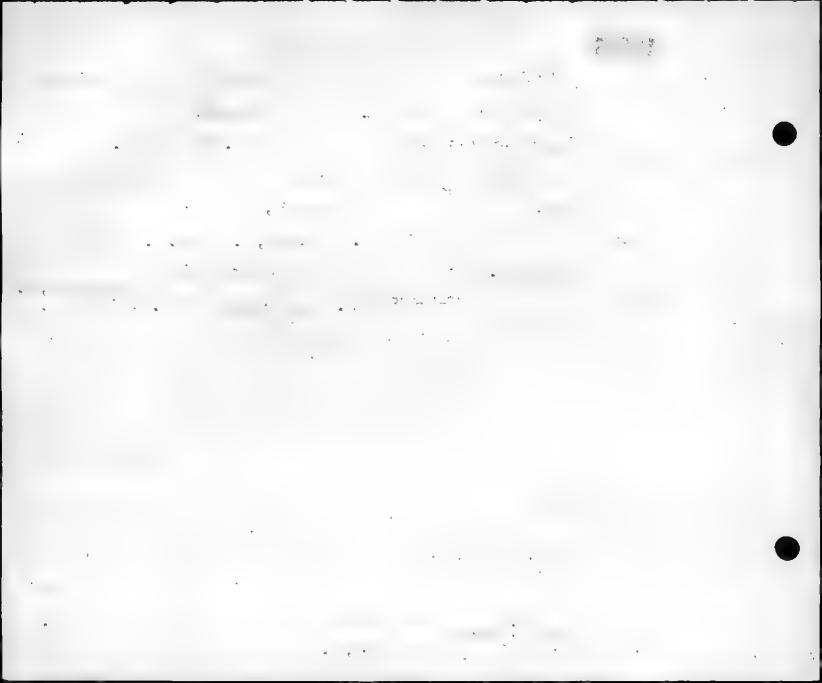
1060	7	CERTIFICATE	OF DEATH		18601
PLACE OF DEAT	Н			Where deceosed lived, if instit.	otion: Residence before admission)
o. COUNTY	ASHINGTON	MARYLAND	o. STATE MARY	LAND b. COL	JNTYWASHINGTON
b CITY OR TOW	N (If outside corporate limits, and give negrest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	itside corporate i'm ts, write R	URAL and give nearest town)
HANCO		LIFE	HANCO	CK MARYLA	VD.
d NAME OF HOS	SPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Hon	10 145	E. Main St.	145 E. N	MAIN STREET	YES NO
NAME OF	First	Middle	Lost	4 DATE Mo	nth Doy Year
(Type or print)	CLYDE	IRVIN MC	CARTY	OF DEATH JULY	25 19 66
SEX	6 COLOR OR RACE 7		B DATE OF BIRTH	9 AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS
MALE	WHITE	WIDOWED DIVORCED	5/16/1900	66 yrs	Months Doys Hours Min
o JSJAL OCCUPAT	ON (Give kind of work done ing life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& Stote, or foreign country)	12 CT ZEN OF WHAT COUNTRY?
LABORE	R	PGS	WEST VIE		U.S.A.
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN I	NAME	
HOWARD	MC CARTY		MOLLY SH	HIVES	
	EVER N J.S. ARMED FORCES? n) (If yes give wor or dotes of se		INFORMANT	145	MAIN STREET
NO	ii) (ii yaa giro irat oo dalaa ar aa		UISE E. MO	CARTY HANG	COCK, MARYLAND
Conditions, if c	DEATH WAS CAUSED BY IMMEDIATE CAUSE (o).  DUE TO Only, which gove liote couse (o),  DUE TO  (b) DUE TO	Massim M	yocardia	l Infarc	t 2 min
stoting the ur	riderlying couse (c)	Coronary hore	om boses &	ASCUD	
5	a Significant conditions cont	RIBUTING TO DEATH BUT NOT RELATED TO			19 WAS ALTOPSY PERFORMED? YES NO
OR CONTR BUT	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED.	(Eriter noture of injury in	Port I or Port II of item 18.)	
20c TIME OF Hour	NJURY Month, Day, Year a.m. p.m 19		ICE OF INJURY (Home, form tory, street, office bldg., etc.)		(County) (Stote)
	rtify that (I) (this hospite deceased alive on	ol) ottended the deceased from by 22 1966, and that	Oc. 19, 1 it death occurred at	965, to sulv & 11: 40M, from couses	and on the date stoted obov
220. SIGNATU	RE rarles F	Wierer M.	D. PHYS	MED. STAFF DIRECTOR PHYS C	22b. DATE SIGNED 72-28-66
22c. PHYSICIA NAME (To		. Wierer, M. D.	22d. ADDRESS 238 E.	Main St., H	lancock, Md.
230 BURIAL, CREMA	( )		CREMATORY	23d EOCATION (City or T	own) (County) (State)
REMOVAL (Spe	(ily) 7/26/66		V METHODA	WARFORDS	BURG PENNA
24, FUNERAL DIRE	CTOR	ADDRESS	Y METHODRE	BY REGISTRAR 2Sb. F	REGISTRAR S"SIGNATURE
How , 50	1 2 21	can a thread and	( ) DATA ILI	2 1968	Charley Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physiciop—end completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers—Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in-gay event, within 72 hours after death, **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



20M



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10603

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

CERTIFICATE OF DEATH

10603

NA	2000		CERTIFICATI	L OI DEAIII		1 , , , ,
च च च	PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased fived, if instit	lution Residence befare admission)
uneral and and andeat	Washingt			DIATE OF		unty a shington
₹ Z F	wasningt	on	MARYLAND	Marylar		
the fr ages rs afte	5 CITY OR TOWN (	If autside corporate limits,	c LENGTH OF STAY IN 16	I CITY OR TOWN (IF	outside corparate limits, write R	(URAL and give nearest town)
>	Boonsbor	d give nearest town)  O	5Yrs 2 Mo.	Hagers	town	
in k ars. 2 ho	d NAME OF HOSPI	AL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS	···········	e IS RESIDENCE ON A FARM?
filled pape pape thin 7	Reeder N	ursing Home		1103 Pc	ope Ave.	YES NO X
y fel	3. NAME OF	First	Middle	Last		onth Day Year
arbo	(Type or print)	William	Nelson Mc	Gowan	OF DEATH J	uly 2, 19 66
completely ave carban y event, with	S. SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
ror ngv v	Ma le	White V	VIDOWED 📆 DIVORCED 🗍	Feb. 13,	1894 last birthdoy) 72 yrs.	Magths Days Hours Min
and	10a LSUAL OCCUPATION	(Give kind of work done	10b. KIND OF BUSINESS OR		ty & State, at fareign country)	12 CIT ZEN OF WHAT
5 (S.E.)	during most of working	L'fe, even if retired)	Metal Industry	Keedaraa	ville, Md.	COUNTRY?
ys rian ar	13 FATHER S NAME	001220,11	110000 Industry	14. MOTHER'S MAIDEN		1 00 D0 A0
==>	Eldridge	W. Mc Gowan		Fligg	abeth Holmes	
<u>5</u> = =		R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		dr#Hagerstown, Md.
mit.	(Yes_na, ar unknawn)	(If yes give war ar dates of ser	v (e)		C. No Corner 1	102 The Ann
affi an,		EATH (Enter anly one cause po		. OHELTER	S. Mo Gowan, 1	INTERVAL BETWEEN
, the attending p nsit permit. The emation, or rema	PART I. DEA	TH WAS CAUSED BY	er line to (a), (a) and (c))	antin 1	least liseare	ONSI AND BEATH
ren ren	400	IMMEDIATE CAUSE (a) _	Tone oran	e sucir	-cur rivides	77
al-th	Canditions, if any	which name >	11/2 elles	melly	112 -	34,
ing in	nse to immedia	e couse (a)	perentes		265	1-1-
S E e B	stating the unde					-
igr the	last.	) {c}_				
has been se as the th priar ta	PART IL OTHER S	GNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
al sign	20g. ACCIDENT WA					YES NO
He for	20a. ACCIDENT WA		205. DESCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury i	n Part I at Part II of item 18.)	
certificate hed far u ot. of Heal	L THE CHITCH, PROTEIN	MEDICAL EXAMINER)				
ept e	3 20c TIME OF INJ	URY Month, Day, Year	20d. INJURY OCCURRED 20e PL	ACE OF INJURY (Home, fo	rm, 20f (City or town)	(County) (Stote)
this detac	Hour o.	m.		ctory, street, affice bldg., et	(L)	
After be c	21 d conti	4 14	at wark at wark	an 200	1965 to VALEY	1960, that (I) (we) last
¥ Per A		eceased alive on Oca				s and on the date stated above.
should with the	22g. SIGNATURE	occused diffe on Land				22b. DATE SIGNED
3 s wi		MILL	INGS - M	LD PHYS	MED. STAFF DIRECTOR PHYS.	1 911/14.1966
DINE age 3 filed w	22c. PHYSICIAN'S	1700		22d. ADDRESS	Jinterior — Tillis:	
RA De De	NAME (Type	(5-(1)	. l. e Van	10	workered	i ma.
TO FUNERAL DIFFICTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar to	230. BURIAL, CREMATI	ON. 23b DATE THEREO	F 23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City of 1	Town) (County) (State)
dire sha	REMOVAL (Specify Burial				Hagerston	
= 0	24. FUNERAL DIRECTO		6 Rose Hill C	2Sa RE		REGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66	John H. R	set. Jr. 110	N. Main St. Boonsb			
		, VA & ZIZ ;	A TENTIL DO DOOUBD	OLO MUT I PAIR	1300	Clearla 0

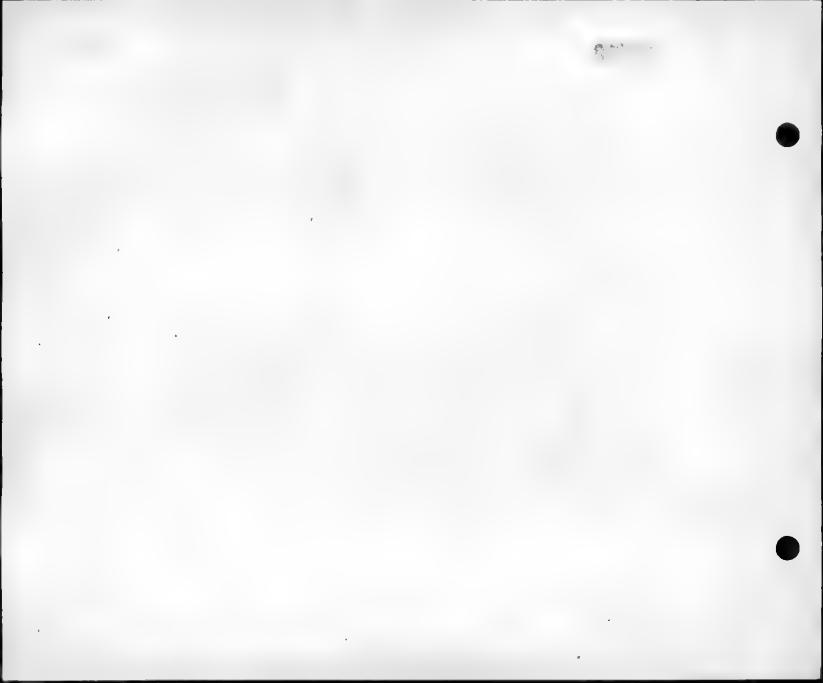
. . . .



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10610	CERTIFICATE	OF DEATH		10604
1. PLACE OF DEATH a. COUNTY The shington	MĀRYLAND	o. STATE		on $\sqrt{}$
b. CTY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Hagerstown	2 Days	Hagers	ts de corporate limits, write RURAL an B town	
Make OF HOSPITA, OR INSTITUTION (fine in h		d STREET ADDRESS Hager	rotel	ON A FARM?  YES NO F
3 NAME OF Froi OFCEASED (Type or print) ARTA	Middle	LLER Jr	4 DATE Manth OF July Sc	Day Year
S SEX 6 COLOR OR RACE 7. N	A A A A A A A A A A A A A A A A A A A	8. DATE OF BIRTH Feb. 14 19	OUO 66 yrs Man	NDER I YEAR   IF UNDER 24 HRS ths Days Hours Min.
10a USUA. OCC.PATION (Give kind of work done during most of working Le, even if retired) Custodian	IOD KIND OF BUSINESS OR INDUSTRY	Hagereto	own Wash Co Id	COUNTRY SA
13. FATHERS NAME Arta willer Sr		14. MOTHER'S MAJOEN N		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Jinknown) (If yes give war ar dates of serv	ICE) _ 12 h I f .	NFORMANT s Delored	Address	Wash St
18. CAUSE OF DEATH (Enter only one cause per PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gave rise to immediate cause (a), stating the underlying cause lost.  (b) DUE TO (c)	r line for (a). (b), and (c))	Hagerst	tia ,.d.	INTERVAL BETWEEN ONSEJAND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO		IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED	(Enter nature af injury in !	Part I or Part II of item 18.)	
20c TIME OF INJURY Month, Day, Year Hour o.m. 19		CE OF INJURY (Hame, form ory, street, office bldg., etc.)		(County) (State)
21. I certify that (I) (this hospital saw the deceosed alive on	) attended the deceosed from, and that	t dedth accurred of	M, from couses and	
220 SIGNATURE	en Walls MI		MED. STAFF DIRECTOR PHYS.	7/25/66
22c. PHYSICIAN'S NAME (Type) Howard N.	Weeks, M.D.			
236 BURIAL (REMAT ON, EMEMOYAL (Specify) 27/27/6 24. FUNERAL DIRECTOR THE SPECIFIC CONTROL OF THE SPEC	6 Rese Hill	Cemetery	23d LOCATION (City or Town) Hagerstown **  BY REGISTRAR   25b. REGISTRA	AR'S SIGNATURE
Andrew K. Coffman	Funeral Home In	DATE JU		arles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please velnave cushon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. TO NOSMIAL RATIONAL PHYTICKA: The law requires that the death certificate by executed within 24 hour after Meath. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66



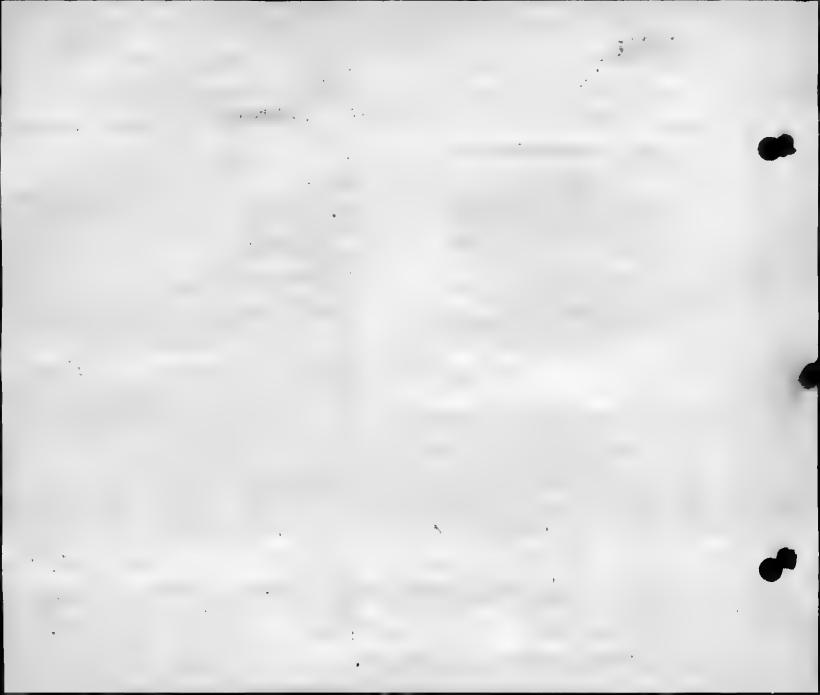
VR AI5 (4) 15M 7-62

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

70011			KIIIIQA				7 115	)119
1. PLACE OF DEAT	H			2. USUAL RESIDEN	CE (Where decesses		r: Residence (	before admission)
*. COUNTY Washington			Maryland Maryland		b. county			
b. CITY OR TOWN	(if outside corporata limit	is, c. LENGT	H OF STAY IN 16	c CITY OR TOWN (I	If outside corporeta l	imils, write RURAL	and give nea	rest town)
write RURAL and	d give nearest town)		4/2 Vacan		thsburg		-	
d NAME OF HOSPI	ITAL OR INSTITUTION (	if not in homital gives	1/2 Year	d. STREET ADDRESS	crianni R			e. IS RESIDENCE
			,					ON A FARM?
Fanrney	KeedyMemor		141 1 11				· ·	YES NO
DECEASED	First		Middle	Last	4 DATE OF	Month	Dey	Year
(Type or print)	Ella		Brown	Miller	DEATH	July	8	186
5. SEX	6. COLOR OR RACE	7. MARRIED _ NEVE	R MARRIED 🔲 B	. DATE OF BIRTH		(In years   IF UNDE birthday)   Months		Hours   Min.
Female	White	WIDOWEDKIX	DIVORCED [	Sept. 8 1875	90	yrs.	1 0073	10413
10a. USUAL OCCUPAT	IION (Grva kind of work orking life, evan if retira	1Db. KIND OF BUS	INESS OR INDUSTR	Y 11 BERTHPLACE (Coun	ity & Steta, or loraig	n country)   112, (	CITIZEN OF Y	WHAT COUNTRY
House		Home		Smiths	burg			
13. FATHER'S NAME				14. MOTHER'S MAIDEN			-	
John	B Brown			Annie	McCleary			
15. WAS DECEASED EV	VER IN U.S. ARMED FOR		CURITY NO. 17. I		2.002.002.3	Address		
NO NO	(If yes give wer or deles of a	no.		Mrs Lois	Fi chook	Saith	1.00	md.
	NO DEATH Enter only one		(b), end (c) 17	TILS DOTS		N' MUNICIPAL	HATER	VAL BETWEEN
	TH WAS CAUSED BY:	Maleni	nselna.	Tin Ken	-X 87	soare	ONSE	TAND DEATH
	IMMEDIATE CAUSE (a)	1 oucu	will come	un pres	we we	RUGICE		7
	DUE TO	A.	hotor	annol 1	-		1	1 Perc
Conditions, if an	10)	und	vere	macci	CH			7-
(a), stating the u	A DESTA							/
cause last.	J (c)							
PART II. OTHE	R SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE COND	ITION GIVEN IN PA	RT He) 19.	PERFORMED?
3							YES	S NO 🖸
2Ds. ACCIDENT W	VAS UNDERLYING []	206. DESCRIBE HOY	INJURY OCCURED	. (Enter natura of injury in	Part I or Part II of te	m 18.)		
	MEDICAL EXAMINER							
20c. TIME OF INJU	URY Month, Day, Ye			CE OF INJURY (Home, farm ory, streat, office bldg., atc.		wn) (C	County)	(Stata)
Hour e.m.	19	While Not W	111110	ory, sreal, office oragi, are	" <u> </u>			
	that (I) (this hospi	tal/1 attended the	deceased from	Hen 10	1966 10 Stee	ly of	oce tha	(1) (we) last
saw the decea	1/1/	14 19	hla 1		M, from the	/		
228. SIGNATURE	0.11	10.11	The state of the s	deall becared do	71,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,		Δ.	22b. DATE
,	MPH	MANA		ATTENDING PHYS.	MED ST DIRECTOR PH	AFF TO QUE	110.11	1 CY SIGNED
22c. PHYSICIAN'S	WYL		/ "	D. PHYS. 22d. ADDRESS		- Jul	7114	7/0_0
NAME (Type		1). h 4 /	an	//.2	Amad	rato,	17	10
23- RUBLAL CREMAT	TION, 23b. DATE THE	REOF 123c NA	ME OF CEMETERY	OR CREMATORY	123d. LOCATION	(City, town or co	univ)	(State)
REMOVAL (Specify								
Entombr			thsburg M	Lausoleum   25a. REC	Smiths  Of By REGISTRAR		'S SIGNATUS	Md.
					.1111 1 4	1966 .	Lando.	Quelos
Mannach	ı Funeral Ho	ome Smit	hshure M	DATE	OOF TI	1000 //	7	1 1

. . . .



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where dereased lived of institution: Residence before admission) WASHINGTON o. COUNTY b COUNTY LEGANY MARYLAND MARYLAND b CITY OR TOWN (If outside corporate mits, LENGTH OF STAY IN 16 c CITY OR FOWN (If outside corporate imits write RURAL and a ve nearest town) HAGERSTOWN DAYS Midland LONACONING/MARYLAND d STREET ADDRESS d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL YES NO X 3 NAME OF Middle 4 DATE Lost Month Doy DECEASED OF DEATH 66 LAVIM Irwin MILLER (Type of print) IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In veors IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED 65 birthday) Hours Days 2.18.1904 WIDOWFD DIVORCED 10b KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT TI\_BIRTHPLACE (County & State or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY ALLEGANY MARYLAND Construction Woker 14. MOTHER'S MAIDEN NAME JOHN MILLER JESSIE WADDELL IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Midland (Yes, no, or unknown) (If yes give war or dates of service RUTH E MILLER LONACONING NO 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN 2 ONSET AND DEATH PART 1. DEATH WAS CAUSED BY-Cerebral edema & hemorrhage IMMEDIATE CAUSE (o) several wks o sevl. Mos Conditions, if any, which gove (b) Brain tumor-glioma rt. frontal, operated on rise to immediate couse (a), DUE TO stating the underlying couse last. 19 WAS AUTOPSY PART IF, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO P 200 ACCIDENT WAS UNDERLYING ... 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH

20e. PLACE OF INJURY (Home, form,

(City or town)

20c TIME OF INJURY Month, Doy, Year Hour a.m.

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20d INJURY OCCURRED of work at work

foctory, street, office bldg , etc.) 21. I certify that (1) (this haspital) attended the deceased from June 27.

1966 to July 3.

19.66, and that death accurred at 3:30AM, from causes and an the date stated above.

(County) (Stote) 19 66 that (1) (we) last

saw the deceased alive an July 2. 22o. SIGNATURI

PHYS. 22d. ADDRESS DIRECTOR

132 North Potomac Street, Hagerstwon, Md

22b. DATE SIGNED

230. BURIAL CREMATION BURIAL (Specify)

22r. PHYSICIAN'S

NAME (Type) A. F. Abdullah, M. D. 23b. DATE THEREOF 7.5.66

23c. NAME OF CEMETERY OR CREMATORY

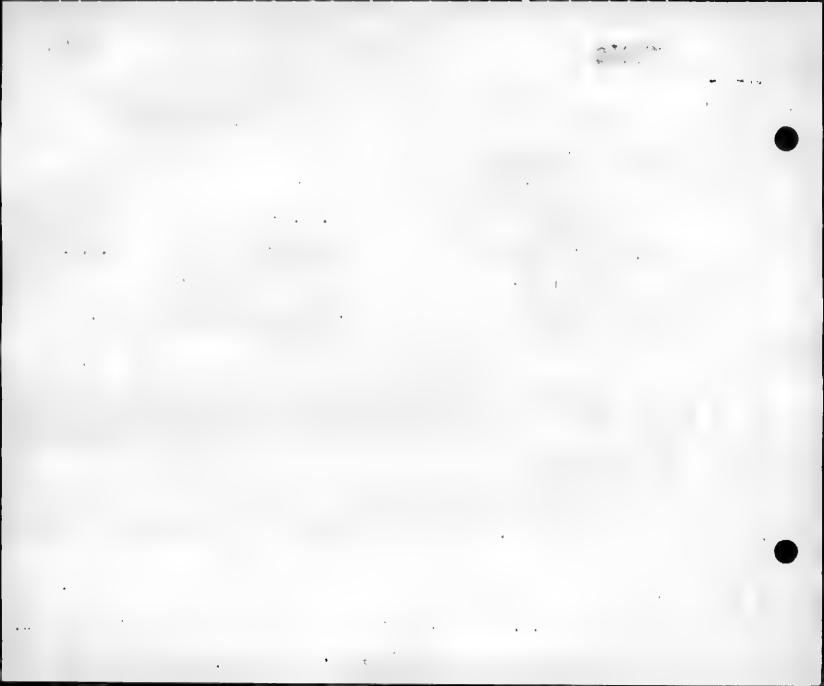
23d LOCAT ON (City or Town) (County) FROSTBURG MEMORIAL PARK FROSTBURG ALLEGANY MD.

24 FUNERAL DIRECTOR George Eichhorn

ADDRESS Lonaconing. 250. REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE 1966

be executed within 24 hours after death vithin 72 hours aft completely d in any event. remaye car and physician ( The law requires that the death certificate permit. burial, crematian, ar signed by the burial-transit **O HOSPITAL OR ATTENDING PHYSICIAN.** The law requires the Page 4 may be retained by the haspital ar attending physician. the 00 has Health I with the State Dept. of detached TO FUNERAL DIRECTOR: After director, page 3 should be filed v VR A15 (4)



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral and 2-should death, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) . COUNTY . STATE Mary land b, COUNTY 5 ashington MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown] Pleasantville Pleasantville 55 vears .57 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS ar in s completely papers. n 72 ho 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH July TRACIE REHT AH within FOG. 5. SEX 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED pue lest birthday) Months Temale Car WIDOWED TOX DIVORCED [ physician e remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired; any Loudoun County. Fousewife Cwn Home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please the affending John White Unknown Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Margaret Address 16 SOCIAL SECURITY NO. 17, INFORMANT removal, (Yes, no, or unkown) | (If yes give weror dates of service) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] PART I. DEATH WAS CAUSED BY: ö las been signed t burial-transit per IMMEDIATE CAUSE (8) emation, DUE TO attending Conditions, if eny, which gave rise to immediate cause t (e), stelling the underlying cause lest. the ed by the hospital o After this certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION \$ Q use prior 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I) of item 18.3 for Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached WEDICAL ATTENDING 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED I 20s. PLACE OF INJURY (Home, farm, 1 20f. (City or town) fectory, street, office bldg., atc.) retained While Not While ō, DIRECTOR: 3 should be del at work at work 21. I certify that (1) (this hospital) attended the deceased from: 1M from the Lauses and on the date stated above and that death occurred at 2 .: saw the deceased alive on OR 22e. SIGNATURE ATTENDING with the S PHYS. DIRECTOR PHYS. M.D. HOSPITAL FUNERAL Page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Brunswick. l'a rla Byron Kao rector, I 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) Samples Manor, Maryland の音器 Manor Cemeter JUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

IS RESIDENCE ON A FARM?

60 19

YES NO ..

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO 7

(Slete)

22b. DATE

(Stefa)

SIGNED

YES T

(County)

er ling

1 12. CITIZEN OF WHAT COUNTRY?

USA

VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

and 2 death.

papers. Pages 1

and in any

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burial-transit

be detached far use as the burial-State Dept. of Health prior ta burial,

director, page 3 should should be filed with the

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the haspital ar attending

Page 4 may be retained by

DIRECTOR:

FUNERAL

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VR A15 (4) 20 M 1/66

certificate

aftending p

funeral

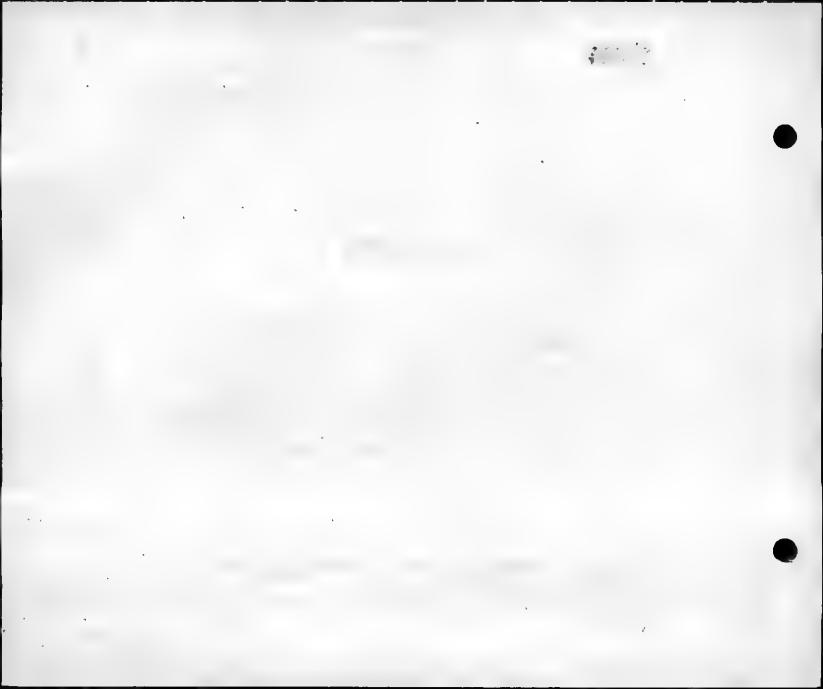
campletely

and

be executed within 24 hours after death

law requires that the death certificate

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b county Washington MARYLANO b CITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 1b. c CITY OR TOWN (M autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest tawn) Harrstown d STREET ADDRESS e. IS RESIDENC d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? NO IX Marylang 3. NAME OF DATE Last Day DECEASED million Robert AIFORD DEATH (Type or print) S. SEX AGE (In years 6 COLOR OR RACE DATE OF BIRTH last birthday) Manths Days 200.6,18 WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working te, even if retired) COUNTRY? 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Eliza bett VACK 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates of service 19ddress ho INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any which gave nse ta immediate cause (a), **DUE TO** stating the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART A 10 19 WAS AUTOPSY PERFORMED<sup>4</sup> NO 20g ACC DENT WAS UNDERLYING 20b. DISCRIBE NOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item, 16.) OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. Not While factory, street, affice bldg., etc.) While at wark at work e deceased from 10.0.3, , 19.66 to 10.14 4, 19.66 that (1) (we) lost 19.66, and that death occurred at 5.7 M, from courses and on the date stated obove. 21. I certify that (1) (this inspired) offended the deceased from 10.0.3. sow the deceased alive on. 22b. DATE SIGNED 22a SIGNATURE DIRECTOR 22d. ADDRESS WESHIEN 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL CREMATION 23b. DATE THEREOF REMIDVAL (Specify) **ADDRESS** 2Sq. REC'D BY REGISTRAR 2Sh. REGISTRAR'S SIGNATURE Culorotr OATE .



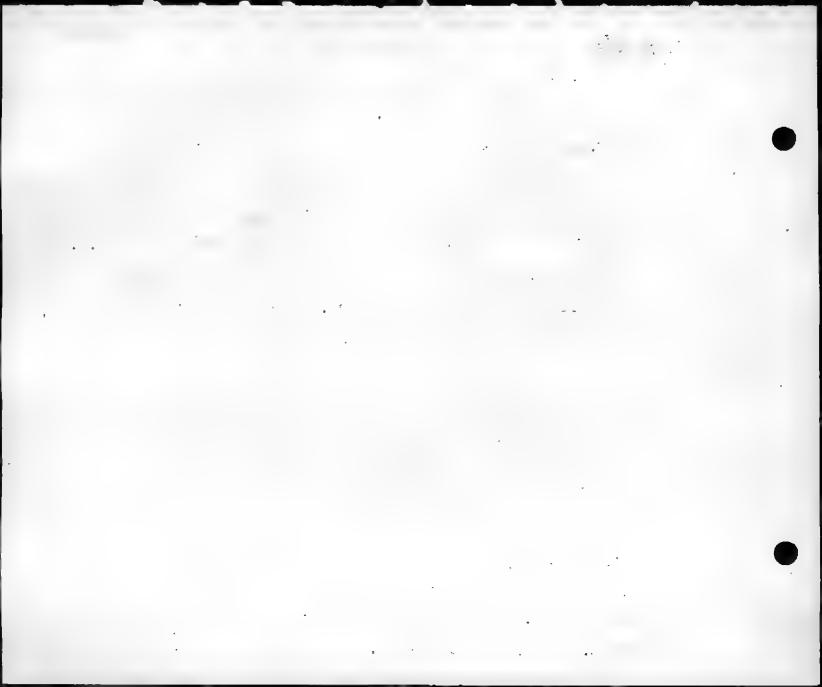
		MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI
4	0815	CERTIFICATE OF DEATH

1	1.	PLACE OF DEATH		2. USUAL RESI	DENCE (Where de	cased lived, If Inst	itution: Residence	e before admission)	
-		a. COUNTY Washington	Manyana	a. STATE Maryland b. COUNTY Washington					
ŀ		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	MARYLAND c. LENGTH OF STAY IN 1b	1		porate limits, wri			
1	F	write RURAL and give nearest town) IBGERSTOWN	3 yrs.	Has	gerstown	1	ph .	. ,	
		d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDR			1	e. IS RESIDENCE	
gay.		2010 Reedy Parkway		2010 H	Reedy Pa	erkway		ON A FARM? YES NO.K	
1	3.	NAME OF FIRST	Middle	Last	4. DATE	Month	Day	Year	
		(Type or print) Viola	May	Moats	DEATH		29	19_66_	
ľ	5.	SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	1 9.	AGE (In years   last birthday)	FUNDER 1 YEAR	Hours   Min.	
1	]	Female   White   WIDOWED	OIVORCED .	March 1	5 1907	59 yrs.	Months Days	Hours Min.	
ľ	10a	. USUAL OCCUPATION (Give kind of work done ! 10b. K ing most of working life, even if retired)   I.	IND OF BUSINESS OR	11. BIRTHPLAC	E (County & State	er foreign country)	12. CITIZEN COUNTRY		
	uuş	Housewife Hon			Marylan	iđt	U.S		
	13.	FATHER'S NAME		14. MOTHER'S	MAIDEN NAME				
		Jacob Higgins		Ma	nv Flis	abeth E	1000		
ŀ	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT	ک ملم عالم انظم میں اگری واقع	Addres			
1	(Ye	s, no, or unkown) (If yes give war or dates of service) 21	.8 30 8966 Mr	s. Pear	1 Moats	W47746	msport	ма	
-		18. CAUSE OF DEATH [Enter only one cause per I	2 - 7 - 7 - 1 - 1 - 1 - 1	D. I Cal	I Mod up	MTTTTS		ERVAL BETWEEN	
	- 1	PART I. DEATH WAS CAUSED BY:	1	an has	ciden7	_		BET AND DEATH	
	-1	IMMEDIATE CAUSE (a)	chrovascula	A ACC	- loc Coli			git v 3	
1	١	Oue TO	rebral arteri	co sclevos	,tr		1 4	rear (	
1		gave rise to immediate	E Dist Delin		-				
Н		cause (a), stating the OUE TO							
	z l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	PTING TO DEATH DITT NOT DELA	TED TO THE TERM	NAI DISEASE CON	DITION CIVENING	ART1(a)   119.	WAS AUTOPSY	
J	4110	1 1 1		HED TO THE TERMI	MALDISDASECON	DITIONGIVENNI		PERFORMED?	
	읪	230	ension			4100000000		ES NO W	
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING 20b. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	IKKED, (Enter natu	ire of injury in e	art For Part II o	ritem 18.)		
	CAL	20c. TIME OF INJURY Month, Day, Year   20d. 1	NUURY OCCURRED   20e. PLA	CE OF INJURY (Hon	ne, farm, 20f.	(City or town)	(County)	(State)	
	MEDICAL	Hour a.m. While at wor	- Hot willie	ry, street, office blo	ag., etc.)				
-1	Σ	21. I certify that (I) (this hospital) attend		1160	1966 to	July	10 6/- H	hat (I) (we) last	
-1	Ì	saw the deceased alive on 566 2	- 19.66, and that		-,	om the causes			
		22a. SIGNATURE	13.5 , and that	t death decorred	WL JAMES II	OIII EIIC GGGGGG	22b. DATE SI	GNED	
-		(Kale ( Anenger	_ M.D	ATTENDING D	MED. DIRECTOR [	STAFF PHYS.	7-30	-66	
		22c. PHYSICIAN'S NAME (Type)	pencer	22d. ADDRES	S. Prosp	ectst	Hager	rstown	
	23a	BURIAL CREMATION, 23b. DATE THEREOF PREMOVAL (Specify) Aug. 1-66	23c. NAME OF CEMETERY			CATION (City, to		(State) yland	
1			Greenlawn C		REC'D BY REGI	liamspo	GISTRAR'S SIGI		
1		FUNERAL DIRECTOR	***************************************				Charles		
1	A	lbert L. Leaf William	rahot.e Ma.	DATE	E AUG 1	1000		0 0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending division and completely filled in by the fi director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

funeral

VR A15 (4) 20M 1/65

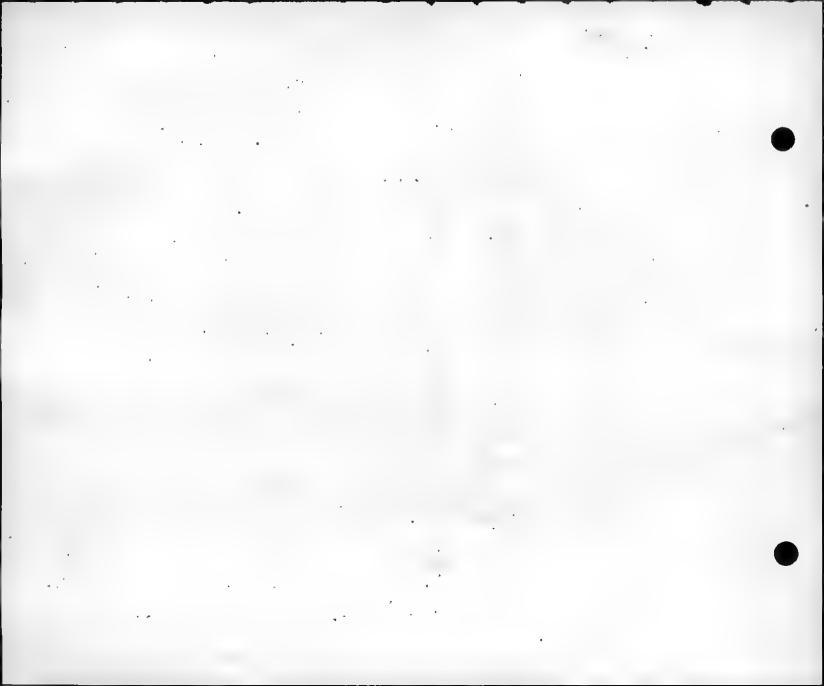


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defiting TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	TAOTA			CERTIFICA	HE UP DEAL	Н		1 11	0 ! !!
1.	PLACE OF DEATH				. 2. USUAL RESIDE	NCE (Where de	ceased lived, If institu	tion: Residence	e before admission)
	a. COUNTY	WASHING	TON:		a. STATE		b. COUNTY		/
_	h 0177 on toll			MARYLAN	Pennsylv	ania	porate limits, write		
	Write RURAL	N (if outside corporate and give nearest town	e limits,	c. LENGTH OF STAY IN	16 C. CITY OR TOWN (	If butside cor	porate limits, write	RURAL, and giv	ve nearest town)
	HAGERS	STOWN		-5 wks	McConnel	lsburg.		1-	
	d. NAME OF HO	SPITAL OR INSTITUTION	N (If not in ho	spital, give street addre	ss) d. STREET ADDRES			10	e. IS RESIDENCE
1	WASHINGTO	N COUNTY HO	SPITAL		516 Linco	ln Way	East		ON A FARM?
3.		Flr	st	Middle	Last	4. DATE	Month	Day	Year
	(Type or print)	LEROY		N.M.N.	MORGAN	OF DEATH	JULY	8	19 66
5.	SEX	0 -0100 05	7 MARRIED S	NEVER MARRIED	1 8. DATE OF BIRTH	19.	AGE (In years   IF L	400	
,	MALE	WHITE	-				last birthday) Mo	nths   Days	Hours   Min.
			WIDOWED	DIVORCED	July 31, 1		54 yrs.		1
du	a USUAL OCCUPAT	ION (Give kind of work oing life, even if retired	one 10b. Kil	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (	County & State	, or foreign country)	12. CITIZEN COUNTRY	
		ny Army Der	1	fence	Montes	-1/2 /	Centucky	11-	ra.
13	. FATHER'S NAM	E		111115	14. MOTHER'S MA	IDEN NAME			
	C-/00	C M	TOAR		1.11:0	F	1- 10		
16	WAS DEDEASED	EVER IN U.S. ARMED FOI		OCIAL SECURITY NO. 1	17. INFORMANT	7- 4	Lowe Address		
(Y)	es, no, or/linkown)	(If yes give war or dates of	service)	SOCIAL SECURITY NO.	L7. INFURMANT	21	Address	1	11 0
	No				Mrs. Lirain	1a 1/100	gan, 17%	onnells	bug la
	18. CAUSE OF	DEATH [Enter only one	cause per lin	ne for (a), (b), and (c).]	7			INTE	RVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY:	Brain	tumor (astr	ocytom <sup>a</sup> grade	III) R	t. tempora	1- 70NS	SET AND DEATH SEVERAL
					metastie tur	n <del>or fro</del>	<del>m brongbog</del>	വാൻക	onths
	1 1	DUE 1	ocarcin	noma			-	1116	JII CII O
	Conditions, If	any, which	(b)						
	gave rise to cause (a), si	Part Inc. 1	10						
	underlying caus	ating the							
N			(c) NSCONTRIBUT	TING TO DEATH RUTNOT I	RELATED TO THE TERMINAL	DISFASECON	IDITION CIVEN IN PAR	T 1(a) 119.	WAS AUTOPSY
CERTIFICATION		-		THE TO BETTER	CERTED TO THE TERMINA				PERFORMED?
FIC	Bronch	ocenic Carc	inoma					YE	ES NO
E	20a. ACCIDENT	WAS UNDERLYING IN CAUSE OF DEAT	20b. Di	ESCRIBE HOW INJURY O	CCURRED. (Enter nature	of injury in P	art I or Part II of It	em 18.)	
S	(JF EJTHER, NO	TIFY MEDICAL EXAMIN	ER)						
AL	20c. TIME OF	NJURY Month, Day, Y	ear   20d. IN	JURY OCCURRED 120e.	PLACE OF INJURY (Home,	farm.   20f.	(City or town)	(County)	(State)
MEDICAL	Hour a.n	П.	While	Not walle ]	actory, street, office bldg.,	etc.)			
2	p.r	n. 19	at work	at work					
	21. I certif	y that (I) (this hosp	ital) attende	d the deceased from		1966 to			hat (1) (we) last
	saw the dec	ceased alive on Ju	ily 7,	19 <sup>66</sup> , and	that death occurred at	3:30AM. fr	om the causes and	d on the dat	e stated above.
	22a. SIGNATUR			2				2b. DATE SI	
	1.7	- Ou	shul	Lake_	M.D. PHYS.	MED.	STAFF PHYS.	7/8/19	966
	22c. PHYSICIA	N'S			M.D. PHYS. A. 1 22d. ADDRESS	DIRECTOR (	PHIS	() \( / \( \) \)	
	NAME (T)	rna)	DULLAH N	d b		DOTTOMAC	CM TACED	CMOLINI	MD
_	<u> </u>						ST. HAGER	عكابسب	
23	REMOVAL (Spe		HEREOF	23c. NAME OF CEME	ERY OR CREMATORY	23d. L	OCATION (City, town	or county)	(State)
	Kennera	2" 7/81	166	Nockbrido	e Memocia,	Le	xington.	1)a	~
24	FUNERAL DIRE	CTOR	,	ADDRESS	25a. R	EC'D BY REGI	STRAR / 25b. REGIS		
1	MITSE FUL	em/ Hone	HA	ERSTOWN 1	Maryland north	111 1 9	1986 20	liarles	Judgle

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10611

10617 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH o. COUNTY Washington b. COUNTY MARYLAND Maryland Washington b CITY OR TOWN (It outside corporate mits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) write RURAL and give nearest town)
Rural Boonsboro lá fe Rural Boonsboro d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Rfd. 2 Rfd. 2 3. NAME OF First Middle lost 4. DATE Month DECEASED (Type or print) 0F Lela Mae July 5, Moser DEATH B. DATE OF BIRTH AGE (In years TE UNDER 1 YEAR SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Female White WIDOWED DIVORCED March 291 1895 3 10o JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY Washington Co., Md. Own Home 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Carrie Flook Edwin Biser IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) No. Mr. Wilbur D. Moser Boonsboro Rfd. 2, Md. None 18. CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c)) PART I DEATH WAS CALISED BY rausitional are cura us un IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse

last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIF CATION 200 ACCIDENT WAS UNDERLYING [

Hour o.m.

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c TIME OF INITIRY Month, Day, Year

205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

20d INJURY OCCURRED Not While ot work of work

20e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

(City or town)

DIRECTOR

(County)

(County)

(Stote)

19. WAS AUTOPSY PERFORMED?

NO W

e IS RESIDENCE ON A FARM?

YES TO NO T

Year

19 66

F UNDER 24 HRS

ASET AND DEATH

Doy

COUNTRY?

21. I certify that (1) (this haspital) attended the deceased fram January , 1963, to July 5 , 1966, that (1) (we) last and that death accurred at 50 M. fram causes and an the date stated above. saw the deceased alive an July + 1966 220 SIGNATURE 22b\_DATE SIGNED

M D

SECONDARI

22d ADDRESS

ATTENDING

PHYS

BRONSBORO

23o. BURIAL, CREMATION, REMOYAL (Specify) 24. FUNERAL DIRECTOR

23b DATE THEREOF 7- 8- 66 23c. NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery 23d LOCATION (City or Town)

Boonsboro, Md.

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DATE

VR A15 (4) 20 M 1/66 2So. REC'D BY REGISTRAR

25b REGISTRAR S SIGNATURE

attending physician. by the haspital ar ATTENDING PHYSICIAN: be retained

this certificate

O FUNERAL DIRECTOR: After

should

director, page should be filed

requires that the death certificate be executed within 24 hours after death

death and

papers Pag hin 72 haurs o

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signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval,

the has been

Dept. of Health prior to

MEDICAL

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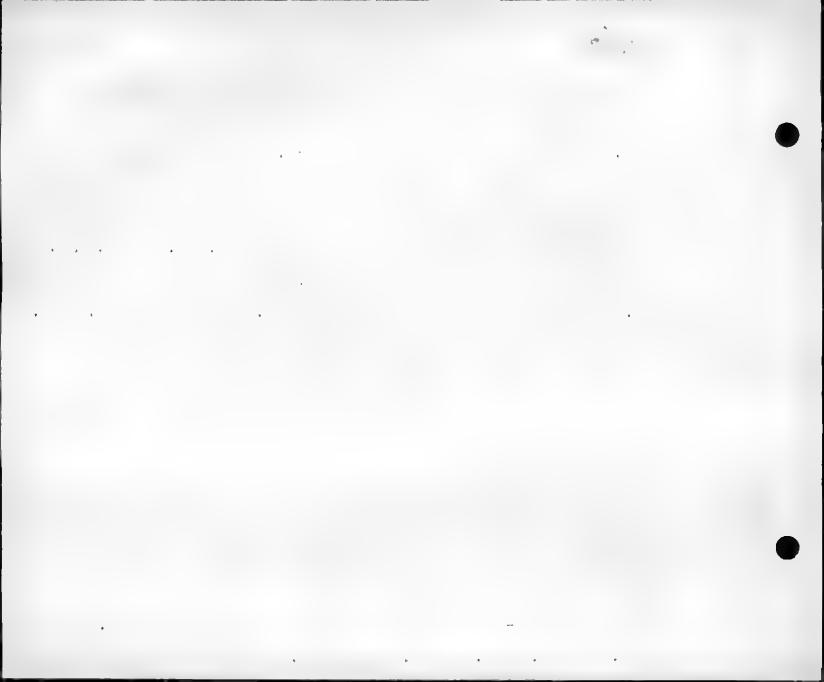
within 72

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by the funeral

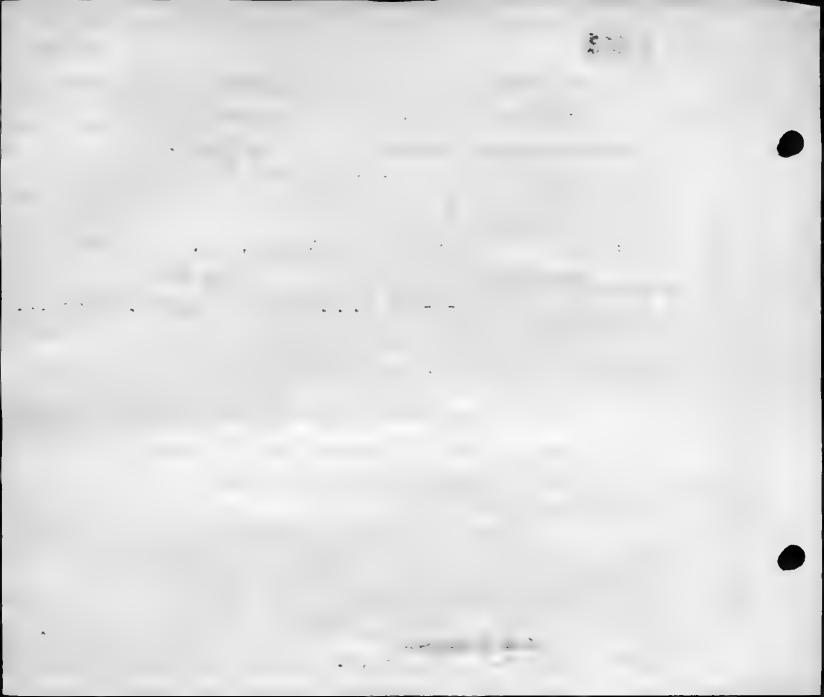
filled in

and completely



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before a. COUNTY b. COUNTY and 2 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN if outside corporate limits, write RURAL and give nearest town, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Hagerstown Haaerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 827 Lanvale Western Maryland State Hospital YES NO TO papers. 3. NAME OF Day DECEASED (Type or print) DEATH 1966 6 COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last bisthday) TO VENCE WIDOWED DIVORCED Sicran 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired ρh Line Penna Own Home 13. FATHER'S NAME ase MOTHER'S MAIDEN NAME attending pue eld Grace Talheim Ioseph Barnhart removal, 16. SOCIAL SECURITY NO 17. INFORMANT No Mr.M. J. Mulligan 827 Lanvale St. Hagerstown, Md. permit. ģ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: signed CARCINOMATOSIS IMMEDIATE CAUSE (a) cremilion, burial-transit nding CARCINOMA OF CERYIX gave rise to immediate ceuse **DUE TO** (a), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4), 19. WAS AUTOPSY CERTIFICATION PERFORMED? use plior NO 2Da ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Itam 18.) OP CONTRIBUTING [] CAUSE OF DEATH SIRECTOR: Alter H (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Hour a.m. Not While at work at work 1966 to 7.- 2.7...-., 1966, that (1) 600 Nast 21. 1 certify that (1) (this besital) attended the deceased from 7. bluods ...19.46., and that death occurred at 7.4M, from the causes and on the date stated above saw the deceased alive on..... 22a SIGNATURE ATTENDING death. Ragm 4 page HOSPITAI DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME [Type] rector, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, town or county] (State) å <del>ö</del>. 0 REMOVAL (Specify) Rest Howen Cemeteru Md. dageratown 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 2DM 5 63

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH CIASION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10313

1. PLACE DF DEATH 8. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: F	Residence before admission)
WASHINGTON MARYLAND	a. STATE MARYLAND b. COUNTY W	ASHINGTON
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporate limits, write RURAL	and give nearest town)
HA JERSTOWN LIFE	HAGERSTOWN	. /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
35 EAST WASHINGTON STREET	35 EAST WASHINGTON STREET	YES ND
3. NAME OF First Middle DECEASED MARGARET ANN	MUMMA DEATH JULY	26 1966
	R. DATE OF BIRTH 19. AGE (In years DE IINDER	1 YEAR HE UNDER 24 HRS.
FEMALE WHITE WIDOWED DIVORCED	APRIL 21 1915   last birthday)   Months   June 1915   June 1915   Months   Months	Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
COLLECTOR INTERNAL REV. SERV	HAGERSTOWN, WASH. CO. MD.	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ALLEN H. MAMMA	LENORA A. GEARY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY ND.   17.   (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT 151 NONDALSS PARK	
YES   WW 2   214 09 1060   CH	LARLES E. MUMMA HAGERSTOWN, MA	RYLAND.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN DNSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIA	L INFARCTION	12 HOURS
7201 DUE TO		
Conditions, if any, which (b) DEHYDRATION		
gave rise to immediate cause (a), stating the DUE TO	THE AVOIDATE TO THE AVOID	
(C)	VE ALCOHOLIC INTAKE	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
S .		YES NO A
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  201. ACCIDENT WAS UNDERLYING 201. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CONTRIBUTING CONTRIBUTION	IRRED. (Enter nature of Injury In Part I or Part II of Item 18	1.)
3 20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLA		unty) (State)
20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLA Hour a.m.   While   Not While   facto p.m. 19   at work   at work	ry, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	Tuly 22 1966 to July 25 196	6 that (I) (we) last
	death occurred at 8 A.M. from the causes and on t	
22a. SIGNATURE	22b. D	DATE SIGNED
Inchew Mr. mandell M.O.	ATTENDING MED. STAFF PHYS. 7/27	7/1966
22c. PHYSTCIAN'S NAME (Type) ANDREW M. MANDELL M.D.	119 EAST ANTIETAM STREET I	HAGERSTOWN.
23a BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		
BURIAL JULY 29/ 66 ROSE HILL C		MARYLAND.
24. FUNERAL DIRECTOR ROUZER FUNERADDRESS OME	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
ROUZER CHARLES M. 305 N. POTOMAC ST. HAS	MD. DATE AUG 2 1966 gol	arley Judge

TO FUNERAL DIRECTOR: Alter this certificate has been signed by the attending any sician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, by pmoval, and in any event, within 72 hours after death. TO HOSPITAL OR EXTENDED PHYSICAM The De requires that the death certifical be enecuted within 14 librs after death. Page 4 may be retained by the hospital or attending physician.

> VR AIS 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

301 W PRESTON STREET, BAITIMORE MARYLAND 21201 OF STATISTICAL DESEADOR AND

		DIVISION OF STREET	I COPIE INSUE		100,001	***************************************	er, bre		1	0614	7
	1062	)		CERTIF	FICATE	OF DEATH				1014	<i>F</i>
	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where dece			before adm	ission)
T	a county Vachina	ten		AA A R	Y.AND	o. STAM	and	b. cou	Was.	hingt	ton
U	b CITY OR TOWN (	If outside corporate limit	5.	c. LENGTH OF STAY		c. CITY OR TOWN (If au		grate limits, write RU			
	write RURAL and	give nearest tawn) 🦡 "	2	30 Max	.	·		Md.		21 1	•
_	WILLIAM A MAME OF HOSPIT	NSTOCKU 11-1-	C a	no street address)	1.0	d. STREET ADDRESS	Ly,	EUCL #		I n IS R	ESIDENCE
		•		The second secon						ON.	A FARM?
-	COUNTY CO				Rural	7		-1	4	NO 🗌	
	DECEASED				3.6.	Last	4 DATE		th	Doy	Year 19 66
-					-	mma	DEAT		The course and	-	19 OO
S.				NEVER MARRIE		DATE OF SIRTH		9. AGE (In years		lays Hau	
	Female	*****		77		1/15/89		// yrs			
						11 BIRTHPLACE (County	& State, or	fareign cauntry)		EN OF WHAT	1
UUI						Big Poel	Md	•	U.	S.A.	
13.	FATHER'S NAME					14 MOTHER'S MAIDEN					
	Thomas	W. Widmy	er			Margare	t R.	Murray			
				OCIAL SECURITY NO.	17. IN	FORMANT		Addr	ess		
fic	NT.	None	219	-07-3267	7-A M	s Rebert	May	Fair	olav.	Md.	
	18 CAUSE OF DI	ATH (Enter anly one cau								INTERVAL	
	PART ( DEA'		(a) (1)	Thereo	-27	carde 1	Hen	NL KLE	wait	ONSET AN	D DEATH
			10		f the	1	0.00	, (		1	11
			(b) 1	MIRWILL	val vig	curilie	021	certain W.	Lecon	. /9	64
			TO	1.4							,
	lost.	)	(c)								
waye	PART II OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RE	LATED TO TH	IE TERMINAL DISEASE CON	NDITION GI	IVEN IN PART 1(o)		19. WAS A	UTOPSY
MEDICAL CERTIFICATION		•								YES T	RMED?
FIG	20a ACCIDENT WA	S UNDERLYING	20b. DE	CRIBE HOW INJURY O	CCURRED. (6	nter nature of injury in	Part I or P	Port II of item 18.)		1 '* [_	
CERT	OR CONTRIBUTING	CAUSE OF DEATH			,	,		,			
3			20/L IN	HIRY OCCUPRED	20a PLACI	OF INJURY (Home, form	n, 20f.	. (City ar town)	(Count	vl	(State)
VED.		n.	While	Nat While		y, street, office bldg , etc.)		(4.7)	4000	11	(0.0.0)
		11.				- 2 2 - 1	10/16	- 0 0 14	1 10//	41-4/1	) /\ l=
				ied ine deceased	and that	death accurred at	2 200		and on the	, inar (i	) (we) last
		eceasea dive an	6-2-1	17930,	una mai	dedili decorred di	-701	_III, IIVIII (doses	22b DATE		Ted above.
	22d. Slovarione	Muse 7	1 17	50 / 110	~ M.D	ATTENDING	MED. DIRECTOR	STAFF D	7 7-	2 -/	/
	22. PHYSICIAN'S	a contract	vvy	- CCC	- 14.0	PHYS 22d ADDRESS	4 4		-1 -	2 60	)
	NAME (Type		1 10	16/1 50	F 1 12	KUI	11/2	STOLIN	117	\	

IN MOSINAL ON ATTINDING PRYSICIAM: The law mayines that the death certificate by executed within 24 haurs after Beath TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Their please remove carban papers. Pages I and should be filed with the State Dept. of Health priar to burial, cremation, or removable shall in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician.

BURIAL CREMATION, REMOVAL (Specify) VR A15 (4) 20 M 1/6

230.

23b, DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) amsport

Md

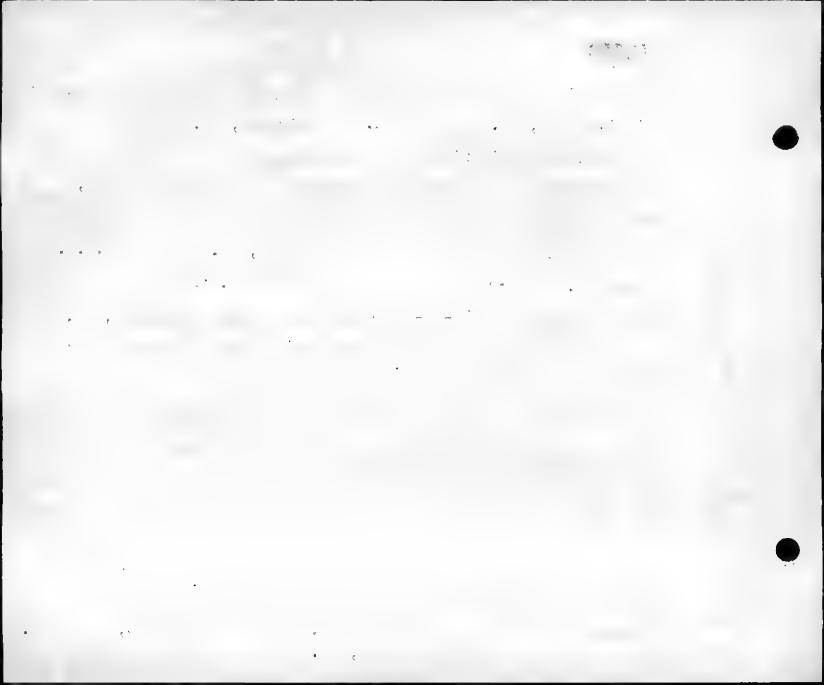
(State)

Greenlawn Cem.
ADDRESS
Clear Spring, Md.

2Sa. REC'D BY REGISTRAR

255. REGISTRAR'S SIGNATURE

(County)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending the scenarious and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed and in any event, within 72 hours after death.

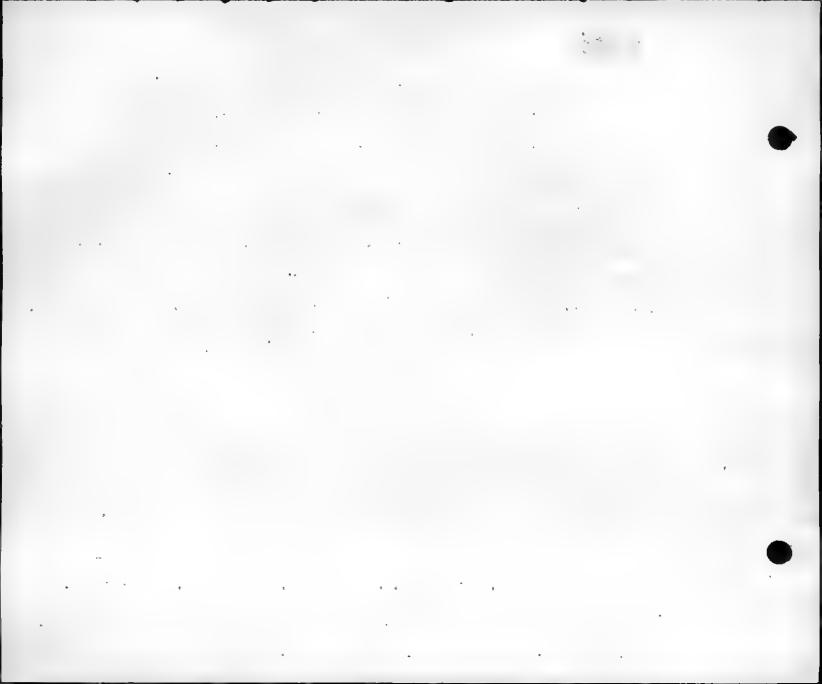
TO HOSPITAL OR ATTENDING PHYSICIAN: The law remuirem that the death certificate be executed within 14 Hours affer demth. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	
10621	CERTIFICATE OF DEATH	1061:

1.	a. COUNTY. Washi:	ngton		Clear	Spring	Mary 1		here deceased lived, If it	estitution: Res Mingt		efore admission)
	b. CITY OR TOW Write RURAL Clear	N (if outside corp and give nearest opring,	orate limits, town)	c. LENC	THOF STAY IN 1	E4	*	de corporate limits, w	rite RURAL a	nd give	nearest town)
-		SPITAL OR INSTITU			Ive street addres	d. STREET	ADDRESS			e.	S RESIDENCE
		ain St.				LI .	Main S	t.			ON A FARM?
3.	NAME OF		First		Middle	Last	4.	DATE Mon	th	Day	Year
	(Type or print)	Willi				<i>lurray</i>	-	DEATH July	8th		1966
5.	SEX	6. COLOR OR RA	CE 7. MARI	RIED 📉 NEV	ER MARRIED	8. DATE OF	BIRTH	9. AGE (In years Jast birthday)			
	Male	White	WIDO		DIVORCED [	Jan 16		/O yrs.			Hours Min.
102	I. USUAL OCCUPAT	ION (Give kind of wing life, even if re	ork done   1	Db. KIND OF B		11. BIRTH	PLACE (County &	k State, or foreign count	ry) 12. CIT	IZEN OF NTRY?	WHAT
901	Mech	ania, even a ve	rit en)	Roads	Dept.	Wash	ington	Marylan		S.A	
13,	FATHER'S NAM			Hoads	DOD O.		ER'S MAIDEN NA		a l	J 1 1 1	-
	John	Thomas N	hirrav	T		Dela	Tedri	ck			
15	. WAS DECEASED	EVER IN U.S. ARME	DFORCES?		ECURITY NO. 17	. INFORMANT		Addr	ess		
	No	( at ) to give man or the		216-1	1-5842A	Mary J	. Murr	ay Clear	Spri	ng,	Md.
	18. CAUSE OF	DEATH [Enter only	one cause	per line for (a	), (b), and (c).]				i i		AL BETWEEN
	PART I. DE	ATH WAS CAUSED	BY:	12	. 1	/ : .	60 4-1	1.311		UNSET	AND DEATH .
	,	IMMEDIATE CAL	JSE (a)	1261 62	1 No 2 C	1 /63	1 - 5			4 - [	1-4
	950	/ 0	UE TO	/ , .				,			. /
	Cenditions, if		(b)	AY	· forcai	KY66	1. 1	7 V . /	1, 3500	,-	GREVI
	gave rise to		OUE TO	, , , , ,							/
	cause (a), so	minik me ( .									,
Z			(5)	DIDUTING TO	DESTIL BUILDING TO	LAYED TO THE T	COMMINS BIRCAS	ECONDITION GIVEN I	N DADT 1 (o)	110 W	VAS AUTOPSY
710	PART II. OTHER	SIGNIFICANT COND	TTONS CONT	KIBUTING JU	DEWLE BOLL MOT KE	LATED TO THE !	EKMINAL DISEAS	SE CONDITION GIVEN I	N PARE I(a)		ERFORMED?
ICA	(	A + A. U.	1:3	(	2100	P1	1 10 228 6	· i		YES	□ NO [C] 1
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING	DEATH	b. DESCRIBE	HOW INJURY OC	CURRED. (Enter	nature of Injur	y in Part I or Part II	of Item 18.)		
		TIFY MEDICAL EXA					1.01				(04040)
1CA		INJURY Month, D		Dd. INJURY O	£ ma	LACE OF INJURY tory, street, offi	(Home, farm, )	2Df. (City or town)	(Coun	37)	(State)
MEDICAL	Hour a.r		19 at	hile Not work at	While work	4					
-		v that (I) (this I				140	, 19	( to (' - /	. 19 6 6	. that	(I) (we) last
		ceased alive on						M, from the cause:		,	
	22a. SIGNATUI		7	7 -	allu Li	at ucatii occu	iicu al Selle	INI, ITOITI LIIG Gause.	22b. DA		
	ZZa. SIGNATO	1	-9/			ATTENDIN	IG - MED.	STAFF -			
	4.	colet.	7	, C =	TE B	I.D. PHYS.	DIREC		7-9-	<b>9</b> O	
	22C. PHYSICIA NAME (T		1				DRESS				
	MAINE (1)	re Charle	s.C. S	pencer,	M.D.	145 S	. Prespe	ect St., Hag	erstown	ıMd.	
238	BURIAL, CREM	ATION, 23b. DA	TE THEREOF	23c.	NAME OF CEMETE	RY OR CREMAT	DRY 23	d. LOCATION (CITY,	town or coun	ty)	(State)
			11.6	6 Sh	anktown		S	hanktown	Wash		Md.
	LENNERAL DIRT	CYOR = -	1		DDRESS	1	25a. REC'D BY	hanktown REGISTRAR   25b.	REGISTRAR'S	SIGNAT	URE
9	Jonald	n Funera	I Hon	20 07.	ear Spr	Inc M	Feet	1 2 19\$6	milare	lo }	udge
- Carlon	ritombaoi	r runers	T TON	ia citi	281. 2b1.	LIIE, MC	MATE OUL	1 10 1000		_0	

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VR A15 (4) 20M 1/65



## FOR STATE HEALTH DEPT.

EXAMINER. This certificate should be executed within 24 hours after death. If any delated ecssary, the certificate, writing the word "pending" in pencil in item 18. Give pages 1, 2, and 3, the funeral should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be State Department hours after death 775

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Mr. Paj	6
F. ex	35
tor Tec	3 7
DE eas rec tail	EI
TO DEPUTY MY EXAMINER: This certificate should be executed within 24 hours after death. If please exect the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form retained for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2-mil of Health or its designated agent, prior to burial, cremation, or removal, and In any event/withi
-	June 1
100	
VR 1111.5/ 5 M	VL (5)
	1703

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10622 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

v				
1	PLACE OF BEATH			
	Machineton	a. SIAIE	st Virginia	Berkelev
		Martineh	urc	u
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET AOORESS	шв	. IS RESIDENCE
B. COUNTY  Washington  D. C. ITY OR TOWN (if outside corporate limits, write RURAL and give needs town)  D. O. A  MARYLAND  Sharpsburg  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sivet eddress)  Washington County Hospital D. O.  A 801 East Moler Ave.  Washington Clarence Henshaw  Oliver  Oliver  S. SEK  G. COLOR OR RAGE   7. MARRIED   NEVER MARRIED   B. O. A 801 East Moler Ave.  Windle W	ON A FARM?			
3				
B. COUNTY  Washington  MARYLAND  D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest two) Sharpsburg  C. NAME OF HOSPIFIAL OR SYSTEM CHARL SHORT OF STAY IN 10 C. CHITY DR TOWN (if outside corporate limits, write RURAL and give nearest two) Sharpsburg  C. NAME OF HOSPIFIAL OR SYSTEM CHARLES OF HOSPIFIAL SYSTEM CHARLES OF HOSPIFIAL OR SYSTEM CHARLES				
5.	SEX   6. COLOR OR RACE   7 MADDIED   NEVER MADDIED		Q ACE (In years I	TE HNOED I VEAD HE HADED OF HIDE
			last birthdey)	Months Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR			12. CITIZEN OF WHAT
dı	ring most of working life, even if retired) iNOUSTRY			COUNTRY?
13				1 05.1
1				
()	es, no, or unknown) ([f yes give war or dates of service)			OOL E. Moler Av
-		s. John Ko	<b>pp</b> Ma	
	The state of the s			INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) OUT OTIGE, A COLOUR CONTROL OF CAUSE	r osis with	occlusion of	ant. RECENT
	Due 10 Manager artery ar	a recent oc	clusion of rt.	coronary
	Conditions, if any, which (b) Pay Ocardial injarct	ion, healed	, ant. wall of	It. SEV. YEARS
	Ceuse (e), stating the ( Doc 10	_		
N N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTDPSY PERFORMEO?
CA		_		
ERTIF	20b. DESCRIBE HDW INJURY OCCU PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.	RRED. (Enter nature of	infury in Part I or Part II or	( Item IB.)
Ä	20c. TIME DF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, far	m, 20f. (City or town)	(County) (State)
Ĭ	TAULUS TOUR TAULUS TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	ry, street, office bldg., et	c.)	
Ξ		d an Autoney	Inspection Inqui	iry and in my onining
	death resolved from: Natural Causes & , Accident [ ], Sur			HILLIANG!
				22. DATE SIGNED
	SIGNATURE	m.v.		
	EXAMINER'S E. W. DITTO, JR., M. D.			7021-64
23	a. BURIAL, CREMATION, 23b. OATE THEREOF   23c, NAME OF CEMETERY			
		neteny	Martinsburg	r. West Vinginia
2	FUNERAL CIRECTOR ADORESS	25a. REC	D BY REGISTRAR   25b. RI	GISTRAR'S SIGNATURE
	Jennie E. Leaf Williamsport Md.	DATE	JL 25 1966 A	Charles Judge

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TO MOSFITAL OF ATTEMBINE INVSICIATE The law requires that the denth mertificate he executed mithin 24 flours after death.

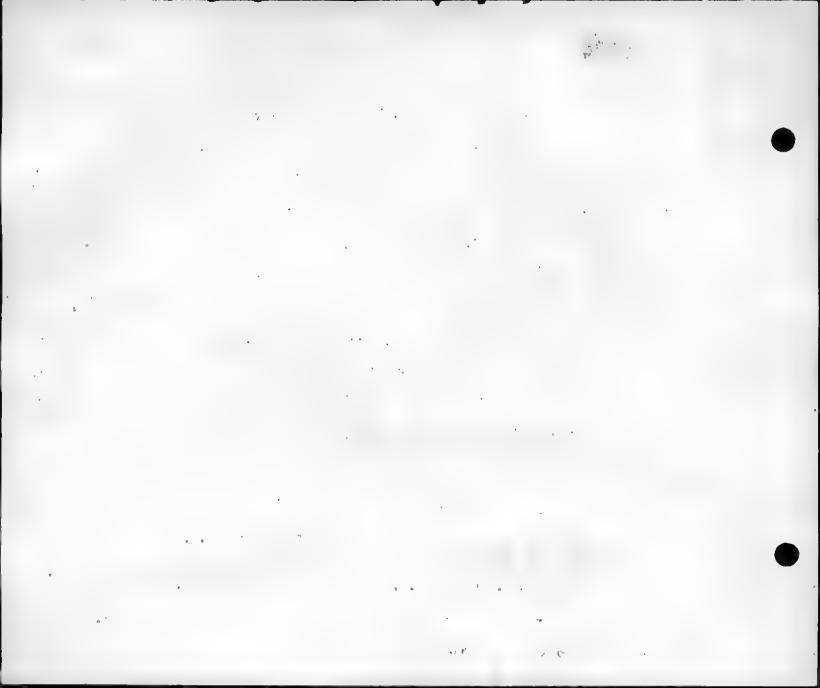
Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician end completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	70004		OLK III IOAT L	. OF BEATH		
1.	PLACE OF DEATH a. COUNTY	Washington	MARY! AND			
	b. CITY OR TOWN Write RURAL an	(If outside corporate limits		c. CITY OR TOWN (If	outside corporate ilmits, write	RURAL and give nearest town)
		Ta a	20 ura-	Haa	erstown.	
	d. NAME OF HOSPI			d. STREET ADDRESS	0.0000	e. IS RESIDENCE ON A FARM?
		_813 Washingt		813	Washington Ave.	YES ND
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
	(Type or print)	George	Amandus 01:	sson	DEATH July 2	1, 1966
5.	a. STATE MaryLand b. CIVY OR TOWN (If outside corporate limits, write RURAL write RURAL and give energet town) b. CIVY OR TOWN (If outside corporate limits, write RURAL write RURAL and give energet town) d. RAGECTATION (If outside corporate limits, write RURAL write RURAL and give energet town) d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outside corporate limits, write RURAL hazactatown d. RAGECTATION (If outsid		UNDER 1 YEAR IF UNDER 24 HRS.			
		1919000			85 yrs. "	
du	a. USUAL OCCUPATIO ring most of working	N (Give kind of work done   1: Z life, even if retired)		**		12. CITIZEN OF WHAT COUNTRY?
	Worked i	n factory	Electronics	Stockho.	lm.Sweden	USA
13	. FATHER'S NAME			14. MOTHER'S MAID	EN NAME	
					Not known	
L	5. WAS DECEASED EVI	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITYNO. 17.	INFORMANT	Address	Hagerstown, Md.
			214-09-8049 Mrs	Carrie Car.	ter 813 Washin	aton Aug.
-		ATH (Enter only one cause		Coroco Coro	000 017 1100100	INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY-				ONSET AND DEATH
			roughy Illrounos 18			I WEEK
	Conditions If an		tomicoclamatic Co	mada Vanana	on Discoses	Campun I wanne
		nmediate /	relioscieroric ca	toro sascur	ar bracase	Several years
		ang the				
z						
CERTIFICATION	PART 11. OTHER SIG	NIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	RT1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
CERTIF	OR CONTRIBUTING	G TT CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of	injury in Part I or Part II of I	tem 18.)
			Od INITIRY OCCUPRED 120e PLAC	E OF INTIDV/Name to	rm   20f (Pity or town)	(County) (State)
MEDICAL	1		factors	y, street, office bldg., et	(C.)	(Guanty) (State)
¥	p.m.					
	21, I certify i	that (I) (this hospital) at	tended the deceased from 7-	15 , 19	66 to 7-21-	1966_, that (1) (we) last
	saw the decea	ased alive on 7-15-	19.66 , and that	death occurred at 6	A. M, from the causes an	d on the date stated above.
	22a. SIGNATURE	1.			1	22b. DATE SIGNED
		11 241 A	M.D.			7-22-66
				22d. ADDRESS		
	MAINE (Type		tto. Jr. 215	W. Washing	ton St., Hagers	town, Md.
238	BURIAL, CREMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			
		7/25/66	Rest Haven	Cemeteru	Hagerstown	ML
24		OR //D C 14				STRAR'S SIGNATURE
	Dort Harra	r Funeral Chap	al Haranetame	Md DATE J	JL 25 1966 KG	Marily Jugar
_	rear nuver	r huneral Chap	el Hagerstown.	10ATE		1 1

VR A15 (4) 20M I/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10625	CERTIFICATE	OF DEATH	10619
Hagerstown d Name of Hospital or Institution (	4 hrs. If not in haspital, give street address)	o. STATE 1 ryl nd c CITY OR TOWN (If autside carparan H. erstown d. STREET ADDRESS	e imils, write RLRAL and give nearest town)  e S RESIDENCE ON A FARM?
PIACE OF DEATH  O. COUNTY  STATE  D. COUNTY  STATE  STATE  D. COUNTY  STATE  STATE  D. COUNTY  STATE  STATE  STATE  STATE  D. COUNTY  STATE  STATE  STATE  STATE  D. COUNTY  STATE  STA			
Crype or print)  S SEX  Fer.le  Thits	7 MARRIED NEVER MARRIED VIOLED DIVORCED DIVORCED	UICK DEATH B DATE OF BIRTH Apr. 6, 1898	July 29 19 36  AGE (In years FUNDER 1 YEAR IF UNDER 24 + 98 burthday) Months Doys Haurs M
during most of working life, even if retired)		It. Loudon, Fru	FETITIAL   LOUNIRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes give war or da	ES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse (ast.	DUE TO  (b)  DUE TO  (c)		IN PART I(c) 19. WAS AUTOPS)
20g ACCIDENTAWAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	206 DESCRIBE HOW MULRY OCCURRED	(Enter nature of injury in Part I ar Part	Il of item 18)
p.m.	19 While Not While fact	ory, street, office bldg., etc.)	and the
say the deceased alive for 22a signature	129 Josep 1966, and tha	t death occurred at 1304M,  D. ATTENDING DE DIRECTOR I	from causes and on the date stated ob 22b. DATE SIGNED  STAFF PHYS.
REMOVAL (Specify)	3/66 Norland Ce	netery Chan	cersburg. Penn
		ALIC	

VR A15 (4 20 M 1/6

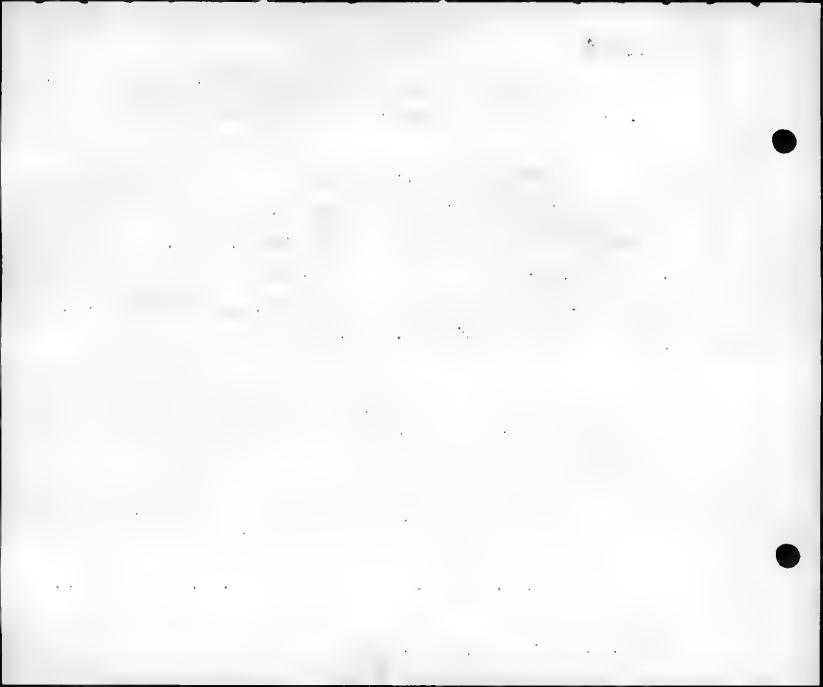
TE CONTITAL OR ATTENDING PRYPICIAL: The low requires that the death certificate be executed within 24 haurs after Death. Page 4 may be retained by the hospital or attending physician.



VR ALS (4) 20M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	0		CERTIFICAT	L OI DEATH		2	111-11
1. PLACE OF DEA	TH				E (Where deceased lived, II		sidence before admission)
a. Counti	WASHINGTON		MARYLAND	e. STAFE M	ARYLAND b. c	OUNTY WI	ASHINGTON
b. CITY OR TO	WN (if outside corporate lim L and give nearest town)	ilts,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits	, write RURAL	and give nearest town)
HAGERS			1 MONTH	HAGERS'	TOWN		1 /
	OSPITAL OR INSTITUTION (IF	not In hos			201111	-	e. IS RESIDENCE
WASHINGT	ON COUNTY HOSE	TTAT.		424 VIRG	INIA AVE.		ON A FARM?
3. NAME OF	First	221124	Middle	Last		on th	Day Year
DECEASED (Type or print)	CAROLIN	E	EDNA	RHODES	OF DEATH JUL	Y	6 19 66
5. SEX	6. COLOR OR RACE 7. M	ARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yea	ars   IF UNDER 1	YEAR IF UNDER 24HRS
FEMALE		DOWED 🛚		MARCH 17.188	last blethda 36 80 yrs	I I I I I I I I I I I I I I I I I I I	Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work done	10b. KIN	D OF BUSINESS OR		unty & State, or fereign cou	intry)   12. CI	TIZEN OF WHAT
HOMEMA	king life, even if retired) KER	INE	HOME	DELAWARE (	CO. PENNA.		UNTRY?
13. FATHER'S NA		<u> </u>	HOUR	14. MOTHER'S MAID			Javana
ďμ	HOMAS HANCE			FRANCIN	A BIGLEY		
15. WAS DECEASE	EVER INU.S. ARMED FORCES	? 16. 80	OCIAL SECURITY NO.   17.	INFORMANT		POWN 1	MARYLAND
NO NO	(If yes give war or dates of servi	1	-46-7231T M	RS. HELEN F.		IRGINIA	
	DEATH (Enter only one cau			TO THE DEM PA	TONG TEAT	MULNIA	INTERVAL BETWEEN
	DEATH WAS CAUSED BY:	C	1 .600	1			ONSET AND DEATH
	IMMEDIATE CAUSE (a)		7-01-00	10.7.7			
Cenditions. If	DUE TO any, which \						
gave rise to	Immediate (						
cause (a), underlying ca	araring me						
PART II. OTHER	STON IFICANT CONDITIONS	DNTRIGUT	ING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASECONDITIONGIVE	IN PART 1(a)	19. WAS AUTOPSY
CAT	Leugral	m	d arta	roselos	and a		PERFORMED?
20a, ACCIDEN	T WAS UNDERLYING	20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or Part	II of Item 18.)	
G OR CONTRIBU	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)						
20c. TIME OF Hour a	INJURY Month, Day, Year		fact	ACE OF INJURY (Home, fa		n) (Cour	nty) (State)
	.m19	While at work	Not While at work	Λ	0		
	ify that (I) (this hospital)	attended	the deceased from	June 1,66,19	to trul	ام) 19 ماب	6, that (I) (we) last
	COCUSES SIL	ey S	19 (c), and th	t death occurred at	M, from the caus		e date stated above
22a. SIGNAT	URP )	2 (	)	ATTENDING	MED. STAFF	A .	TE SIGNED
	To Kest !	T	ourad M.	D. PHYS.	DIRECTOR PHYS.	$\Box 17/6$	1966
22c. PHYSIC NAME (	Tyne)		m 15 m	22d. ADDRESS	Gyr on The	TTD 0.50.	7 700
			D M.D.			ERSTOWN	
23a. BURIAL, CRE	neclfy)	EOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (CIT	, town or cou	nty) (State)
BURIAL	1 7/9/1966			CEMETERY	HAGERSTOW	N MAR	YLAND
24. FUNERAL DI			ADDRESS	. 1	UL 1 1 1966	Medistrans	1 0
CHARLES	M. ROUZER HA	GERST	OWN, MARYLANI	D DATE 3	OF 11 1900	1 man	as Judge



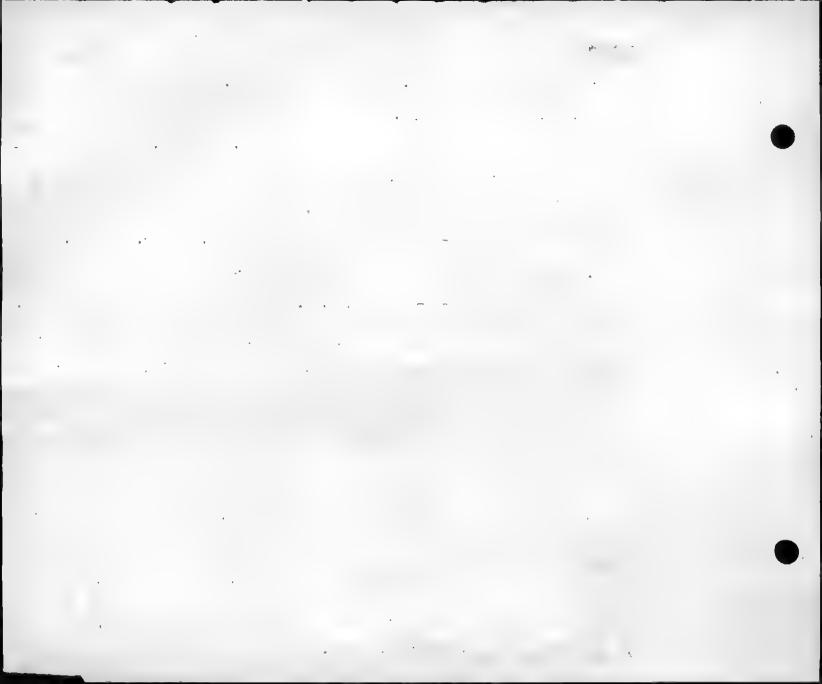
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hmurs mften death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

r	1069; CERTIFICATE OF DEATH									
1.	PLACE OF DEAT	Ä			2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)					
	a. coomi	Jashingto	on	MARYLAND	a. STATE Penna.	b. COUNT	W Franklin ✓			
			orporate limits, est town)	c. LENGTH OF STAY IN 1b			te RURAL and give nearest town)			
				3 mo.	Waynesh		20			
-		Hagersto	ITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS	7010	I e. IS RESIDENCE			
	Avalon			oshirari Pina arrear addi (20)	JOG E Photonal Ct					
_=		riditor			<u> </u>		YES NO			
3.	NAME OF DECEASED		First	Middle		DATE Month OF -				
	(Type or print)		Katharin				ly 24 <b>19</b> 6			
5	SEX	6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years I	FUNDER 1 YEAR IF UNDER 24 HRS. Months   Days   Hours   Min.			
	Female	White	WIDOWED	ter and	Dec. 5, 1879	86 yrs.				
10a dur	I. USUAL OCCUPATING most of work	FION (Give kind o	fworkdone 10b. K	IND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (County &		COUNTRY?			
	Housewi	fe	-	=	Franklin	Co., Penna.	U.S.A.			
13	FATHER'S NAM	ΙE			14. MOTHER'S MAIDEN NA	ME				
	David C	. Nicode	emus		Alice Gilber	·t				
	. WAS DECEASED			SOCIAL SECURITY NO.   17.	INFORMANT	Address	8			
(Y)	is, no, er unkown)	(If yes give war or	dates of service)	1-28-5557D M	rs. R. Lugene A	rthur Way	mesboro, Penna.			
	18 CAUSE OF	DEATH (Enter o					INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COTOMERY Thrombosis									
	DUE TO A LATER SO TO LAND A LATER SO TO LATER SO TO LAND A LATER SO TO LATER									
	conditions, if any, which and the conditions of									
	PILE TO									
z	underlying cause last. (c) Arteriosclerosis - Seneralized 5777.									
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE ON PART 1(a) 19. WAS AUTOPSY PERFORMED?									
FICA	VES IN SONA DISCESC. YES INO IN									
RTI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)									
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL.	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Plants of Injury American State)   10   10   10   10   10   10   10   1									
(ED	Hour a.m. While Not While at work at work at work									
_	21. I certify that (1) (this hospital) attended the deceased from M2701, 1966, to JULY 24, 1966, that (1) (we) last									
	saw the deceased alive on 324 24 19 66, and that death occurred at 3.46 M, from the causes and on the date stated above.									
	22a. SIGNATURE									
	ATTENDING MED. STAFF									
	22c. PHYSICIAO'S 22d. ADDRESS									
	NAME (UDE) / 6 rd 4 - HOFF men 214 N. Potomics the facerstour )									
272	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)									
REMOVAL (Specify)										
24	luria FUNERAL DIRI		7/27/1966	Green Hill	25a. REC'D BY	vneshoro, P	GISTRAR'S SIGNATURE			
-		1 41	61		1111	29 1966	Charles Judge			
	111.11	11 9	11171	aymesboro, Pem	Tial. DATE JUL	40 1000 1	The state of the s			

VR #15 (4) 20M 1/65

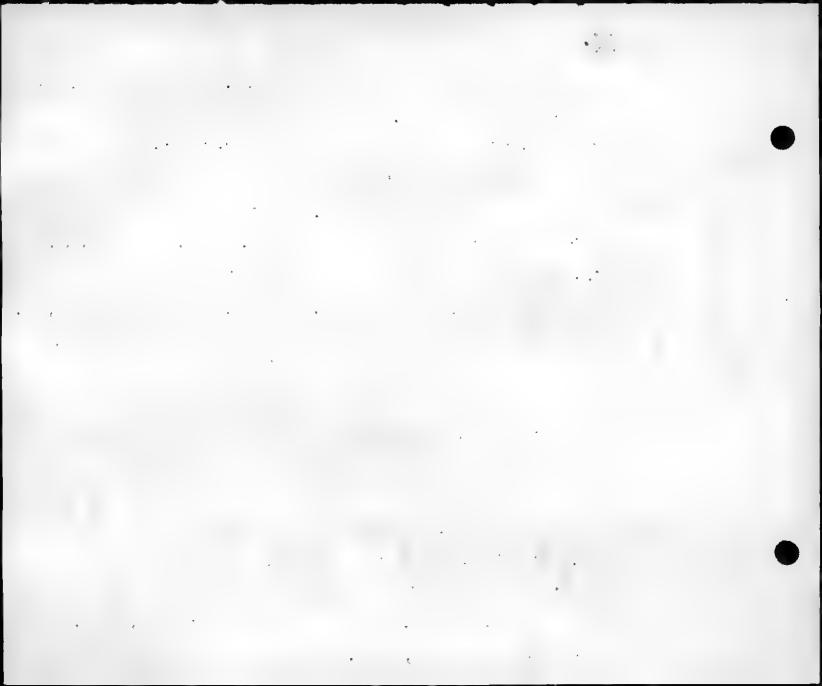
TO HOSPITAL OR ATTENDING ENYSICIAN: The law requires that the death certificate be executed mitmin Page 4 may be retained by the hospital or attending physmian.



TO NOTITIE OF ATTENDING PRYSICIAN: The law requires that the death cartificate to executed within 24 flours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal and in any event, within 72 hours after death

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1623
CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. CDUNTY	2. USUAL RESIDEN	CE (Where deceased lived, I	i institution: Re	sidence before admission)				
	Washing on MARYLAND	a. STATE Penna. b. COUNTY Frankling							
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow							
	Hagerstown 9 mo.	Wa		-					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		_	e. IS RESIDENCE				
_	Jackson Convalescent Home	43	•	YES NO 🗵					
3.	NAME OF FIRST Middle DECEASED	Last	DE	lonth	Day Year				
	(Type or print) Catharine Marie	Rider	DEATH	July 8	,				
	7. WHITE METER WARRIED	3. DATE OF BIRTH	l last birthd		YEAR IF UNDER 24 HRS. Days Hours Min.				
	Female Thite WIDOWED DIVORCED 1	Nov. 8, 188	⊥   ÖLL yr	s.	Days Hours Mill.				
10a dur	USUAL DCCUPATION (Give kind of work done ing most of working life, even if retired)  Housewilds store owner	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?							
	Housewife store owner	Adams C	o., Penna.	•	U.S.A.				
13.	FATHER'S NAME	14. MOTHER'S MAI	DEN NAME						
	John M. Hare	Catheri	ne Bisecker						
15 (Ve		INFORMANT		ldress					
(10		ars. Richar	d S. Telty	ay nesbe	ro #4. Pa.				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								
ш	PART I. DEATH WAS CAUSED BY: Pneumonia								
П	DUE TO								
ш	Conditions, if any, which \ (b)								
	gave rise to immediate (CO)  Cause (a), stating the DUE TO								
	underlying cause last. (c)								
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT								
CAT	Arteriosclerosis, generalized.								
CERTIFICATION	Arteriosclerosis, generalized. YES NO X 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)								
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)								
	Hour a.m.  While Not While factory, street, office bldg., etc.)  p.m. 19 at work factory								
1-	21. I certify that (I) (this hospital) attended the deceased from Sept. 29, 1965, to July 8, 1966, that (I) (we) last								
Ш	saw the deceased alive on July 8, 19.66, and that death occurred at 9A M, from the causes and on the date stated above.								
Hi	22a. SIGNATURE 22b. DATE SIGNED								
П	M.D. ATTENDING MED. STAFF 7/8/66								
	22c. PHYSICIAN'S 22d. ADDRESS 580 Nonthorn Among								
	NAME (Type) H. N. Weeks, M.D. 1580 Northern Avenue Hagerstown, Maryland								
23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State									
_	Burial   July 12,1966 St. Andrew		Naynesbo	ro. Pen	na.				
24. FUNEBAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR'S SIGNATURE									
	Mala J Grand Waynesboro, Penna.	DATE	JUL 1 2 1966	ficus	neles Judge				
24.			C'D BY REGISTRAR   25b.	REGISTRAR'S	SIGNATURE				



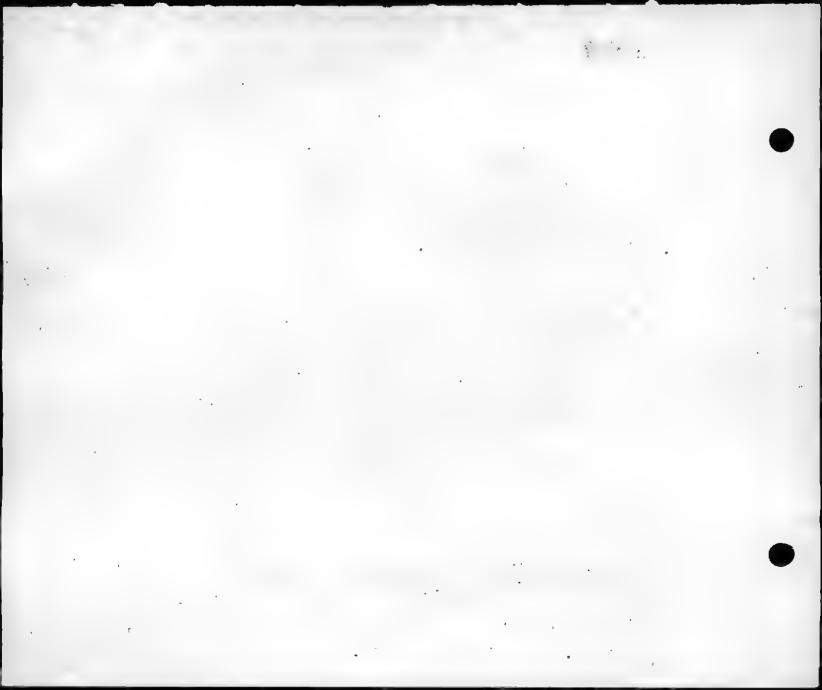
24 hours after Math.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Them please removes cabon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in apy event, within 72 hours after death. O GOSPITAL OF ETTENOME ENVIRORS The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

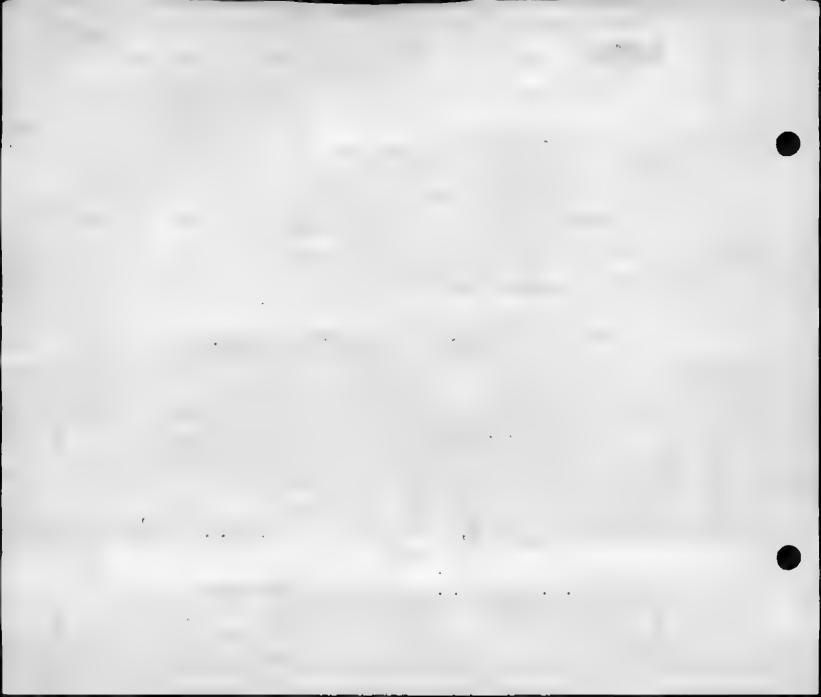
TO MOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND 10623 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)								
WAShington MARYLAND	a. STATE Maryland Washington								
b. CITY OR TOWN (it outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
7.1.37	Washington O.C.								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   0. IS RESIDENCE								
111111	4914 Chesapeake St. NW. YES NO X								
3. NAME OF First Middle	Last V4. DATE Month Day Year								
DECEASEO	OF O								
	8. DATE OF BIRTH 19. AGE (A year) IF UNDER 1 YEAR IF UNDER 24 HRS.								
Male Wihite WIDDWED DIVORCED	last birthday) Months   Days   Hours   Min.								
102 HSHAL OPPHRATION (Cive kind of work done) 10h KIND OF BUSINESS OF	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT								
during most of working life, even if retired)   INDUSTRY	COUNTRY?								
retired Fish hatcery supt.  13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
James N. Orobinson	7,744,744								
(Yes, no, or unknown) [/If yes tilve was or dates of services]	INFORMANT Address Lucitide Comment								
NO The State and of detect of service) 2 18- 24-0170 A	rg. C. Edwin Dehugler: 4914. con a peaker.								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	and when town 30 miles								
4601 DUE TO O.C	4:50								
Conditions, if any, which ) (b) Atteres leastic Carto 1 months									
gave rise to immediate									
cause (a), stating the underlying cause last.	Wisness 0 10900								
PERFORMED? YES NO									
2Da, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED, (Enter nature of Injury in Part I or Part II of Item 18.)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BEATH BUT NOT REL	, , , , , , , , , , , , , , , , , , , ,								
	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)								
Hour a.m. While Net While facto	ry, street, officebidg., etc.)								
	1 12 15 10 10 11								
21. I certify that (I) (this hospital) attended the deceased from									
saw the deceased alive on 1214 / 5 1966 and that death occurred at 86 M, from the causes and on the date stated above.									
ATTENDING MED. IN STAFF IN 7 2 0 1/1									
22c. PHYSICIAN'S M.C	D. PHYS. DIRECTOR L PHYS. L 7-20-0-0								
NAME (Type) ME SUNKIT	100:11:24 500 t MA								
23a. BURIAL, CREMATION, 23b. DATE THEREOF /1 23c, NAME OF CEMETER)	OR CREMATORY 23d. LOCATION (City, town or county) (State)								
REMOVAL (Specify)									
Burial 17/21/66 Rosedale cemetry Martinsburg West Virginia 24. FUNERAL DIRECTOR ADDRESS 256. REGISTRAR 256. REGISTRAR'S SIGNATURE									
Jennie E. Leaf Williamsport Md.	DATE JUL 25 1966 Scharles Judge								



**301 W. PRESTON STREET, BALTIMORE 1, MARYLAND** CERTIFICATE OF DEATH syrodid I. PLACE OF BEATH 2. USUAL RESIDENCE (Where decessed livad, If institution: Rasidence batora admission) a. COUNTY **b.** COUNTY by the land 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give neerest town) RIERSBURG d. NAME OF HOSPITAL OR INSTITUTION (if not je hospitel, give street address IS RESIDENCE ON A FARM? YES NO DE paper 3. NAME OF 4. DATE Middla DECEASED (Typa or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months certificate DIVORCED S S 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 녑 13. FATHER'S NAME attending | Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT (Yat, ho, or unkown) (If yas give war or dates of service) permit. 18. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) errod pending /report/of/neoropsy/ burial-transit Multiple osteomyelitis due to Brucella attending abortus 7 months Conditions, if eny, which geve rise to immediate ceusa **DUE TO** (a), stating the undarlying ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8) 19. WAS AUTOPSY S 0 CERTIFICATION PERFORMED? prior USB Hypostatic: pneumonia YES THE NO T may be retained by the he, DIRECTOR: After this ce, 3 should be detached for une State Dept of Lower to the State Dept of Lower the Lower the State Dept of Lower the 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of Itam 18.) OR CONTR BUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (Stata) factory, street, office bldg., etc. \_Not While et work at work 21. I certify that (I) (this hospital) attended the deceased from 1950 ......, 19...., 19...., 19.66, that (I) (1966) last saw the deceased alive on. July 23.7.... 1966..., and that death occurred a7.30MAisde, the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED death. Page 4 rector, page PHYS. DIRECTOR PHYS. HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Wm. C. Brewer, M.D. Greencastle, Pennsylvania 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) < (State) 23e. BURIAL, CREMATION, 1 23b. DATE THEREOF D.g.g REMOVAL (Spacify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 -PUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 20M S-63



DATE

Washington

Day

12. CITIZEN OF WHAT

Months

76

IF UNDER 1 YEAR | IF UNDER 24 HRS

e IS RESIDENCE ON A FARM?

WAS AUTOPS

(County)

(County)

PERFORMED? NO

(State)

(Stote)

YES NO

19 66

requires that the death certificate be executed within 24 hours after death death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY Washington Maryland MARYLAND c. LENGTH OF STAY IN 1b c. CLTY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carporate imits, write RURAL and give nearest tawn) Hagerstown Williamsport years d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Williamsport Sanitarium 2405 Virginia Ave. carbon Middle Last DECEASED (Type or print) SADIE MATILDA SCHAFFER Ju1y DEATH S. SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED геторуе last birthday) DIVORCED Oct. 20,1877 white male puo 10a, USUAL OCCUPATION (Give kind of work dane) 10b KIND OF BUSINESS OR 11 BIRTHPEACE (County & State, or foreign country) leose during most of working life, even if retired) **INDUSTRY** ond housewife home Reedsgap. Penna. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removal, ottending physoermit. Then p Stewart Anderson Mary Harland 15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, na, ar unknawn) (If yes give war or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO permit. Paul Schaffer Hagerstown, no none CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-tronsit puriol, crematic gned by the PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying cause be detached for use as the State Dept. of Health priar to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUD NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH **BESCRIBE HOW INJURY OCCURRED** (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) 20c TIME OF INJURY Month, Day, Year **D FUNERAL DIRECTOR:** After this director, page 3 should be detoc should be filed with the State Dep Hour am. fuctory, street, affice bldg., etc. MATERIAL (20) 10 21. I certify that (1) (this hospitan) attended the deceased from. O HOSPITAL OR ATTEND Page 4 may be retained 19 (a), and that death occurred at \$2000, fram causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE ATTENDING STAFF DIRECTOR 22d ADDRESS 22c PHYSICIAN'S Robert F. Keadle, M. D. 580 Northern Ave., Hagerstown, Md. 23b. DATE THEREOF 7/8/66 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL, CREMATION, REMOVAL (Specify) Rose Hill Cemetery Hagerstown 2 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

MINNICH FUNERAL HOME Hagerstown, Md

VR A15 (III) 20 M 1/66

STATE FOR HEALTH DEPT.

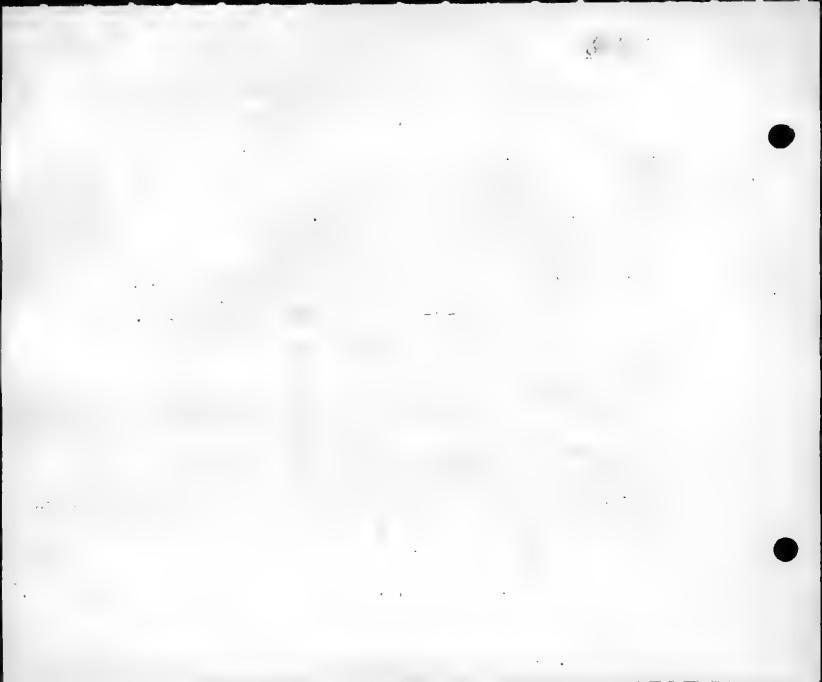
please execute the certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. permit. File pages I and 2 with the State Department removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or TH HERBITY WENCE

> VR ALSME (5) 5M

1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
WASHINGTON MARYLAND					a. STATE b. COUNTY							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAE and Eve nearest town)							
Hagerstown Mins.					Cumberla	and				-		
	d. NAME OF HOSPITAL OR INSTITUTION	(if not in h	ospital, give street addre	(88	d. STREET ADDRESS				6.	IS RESIL		
Washington Co. Hospital				128 Hanover St.   ON A FARM						(0 <del>V )</del>		
3.	NAME OF FIRST DECEASED	t	Middle		Last	4. D	ATE Mon	th	Day	Year		
(Type or print) Wilhelmina				Shaw		EATH Ju]	.у	11	196	6		
5.	SEX   6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	7   8	. DATE OF BIRTH		9. AGE (In years last birthday)					
	emale   White	WIDOWED	DIVORCED		Mar. 18,191	-5	51 yrs.	Months	Days	Hours	Min.	
10e	10e. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY				11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	Housewife	01	wn Home		Md. ITSA							
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAME							
	Mathew Skidmore				Birdie	(Fis	sher) Skid	nore_				
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FOR Es, no, or umkown) I (If yes give war or dates of	CES? 16.	SOCIAL SECURITY NO. 1	17.	INFORMANT	*	* Addre	)\$\$				
,,,	No	0.7	5-14-6318	Tam	303 Independence St. mes Myers Cumberland, Md.							
	18. CAUSE OF BEATH [Enter only one	cause per l		, ,,,,,,	00.10040	-O Chini	er Terrorê Til	Acet Comments		AL BET		
	ONSET AND DEATH											
	* Sudden											
	Conditions is any which t											
	gave rise to immediate											
	cause (a), stating the DUE TO											
z	Underlying cause lest. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY										OPSY	
MEDICAL CERTIFICATION	PERFORMED?  YES X NO											
FIC	2Da FYTEDNAL CALICE WAS	1. 2Db	DESCRIBE HOW INJURY O	ncell	DDEN (Enter o tura ni	Elmbress	In Part Lor Part II	of Item 18 )		TET L		
E	2Da. EXTERNAL CAUSE WAS PRIMARY LOT CONTRIBUTING CAUSE OF DEATH.									e 4	0	
LC					East							
CA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Bur a.m., While Not whil											
ME	6 300 a.m. 7/11 19 66 at work at work Highway Hagerstown Wash. Md.											
	21. I certify that I took charge of the remains described above, held an Autopsy 🕱, inspection 🗌, inquiry 🔲, and in my opinion											
	death resulted from: Natural causes , Accident A. Sulcide , Homicide , Undetermined manner											
	CHIEF MEDICAL EXAMINER 7/11/66									66		
	SIGNATURE DEVE	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED										
		DEPUTY MEDICAL EXAMINER 2 580 Northern Ave.										
NAME (Type) Howard N. Weeks, M.D. Address (Street, city, town, or county) Hagerstown, Md								d				
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Till 13 1065 Poort Town Mon.												
24	Burial Jul. 1	), 196	6 Rest Lawn	Mei	n. Garden		mberland REGISTRAR   256.	REGISTRARIS	SIGNA		L 0	
-			MALLENG		1.1	ETT 4	5 1966	2" lar	len	udg	K	
-	William G. Kight		Cumberland	, 1	VIC DATE	<u>л Т</u>	2 1000		-0			



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	0633			CERTIFICA	HE OF DEATH		111161
o. COI	OF DEATH UNITY shington	M11		MARYLAND	2. USUAL RESIDENCE o. STATE Maryland	Where deceased lived, if institution Ri b. COUNTY Washi	esidence before admission)
p C'L	Y OR TOWN (If auts ite RURAL and give		,	c. LENGTH OF STAY IN 16	c CITY OR TOWN ( f o	utside corporate limits, write RURAL on	
	gerstown ME OF HOSPITAL OR	INSTITUTION (if no	t in haspital.	33 Days	Sharpsbu	rg	e IS RESIDENCE
	shington				233 W. A	ntietam St.	ON A FARM?
3 NAME DECEA		Fir		Middle	Last	4. DATE Month	Day Year
(Түре	or print)	Biith		Misona	Shumaker	DEATH JULY 31	
S SEX		OLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE OF B.RTH	last b rthday) Man	
	male	White	WIDOWED	DEVORCED IND OF BUSINESS OR	Dec. 10, 1		12 CITIZEN OF WHA?
	ALOCCUPATION (G ve ost of working, fe, av USCWITC			DUSTRY Home		,	COUNTRY?
	IER'S NAME		0	wn nome	I4. MOTHER 5 MAIDEN	m Wash. Co., Md.	U. S. A.
	cholas So	hanneut					
75 14/45	DECEASED EVER IN II	S APMED EDRIES?	16	SOCIAL SECURITY NO.	7 INFORMANT	Address	psburg, Md.
(Yes, na,	orunknawn) (If yes	give war or dotes o	f service)	None	Edward I. Shu	maker, Jr. 233 W.	
rise stoti last.		IMMEDIATE CAUSE DUE h gove se (a), cause DUE	TO Q (b) Q TO (c)		bullatio		ONSET AND DEATH
NOTATION PAR	I II OIMER SIGNIFIC	ANT CONDITIONS CO	ONIRIBUTING	TO DEATH BUT NOT RETAILD	TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(a)	PERFORMED? YES NO
OR C	ACCIDENT WAS UNDICATED ACCIDENT WAS UNDER CONTRIBUTING COLOR CALLED CALLED ACCIDENT MEDICAL COLOR CALLED ACCIDENT MEDICAL CALLED ACCIDENT ACCIDE	USE OF DEATH	205 DE	SCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in	Port I or Part II of item IB.)	
MEDICAL 20x	TIME OF INJURY N Hour a.m. p.m.	ionth, Day, Year 19	20d II While at war	Not While	PLACE OF INJURY (Hame, fari factory, street, affice bldg., etc		(County) (State)
	saw the deces		7/3/	ded the deceased from	that death accurred a	19 6 to 7 3 / M, from causes and	
	SIGNATURE	urai	inu	und	M.D PHYS.	MED STAFF 22	2b. DATE SIGNED  7/2/66
850	PHYSIC ANS NAME (Type)	IZALIT	0 A	MARILLO		rpsburg, ud	ν, ,
23a BUI	RIAL, CREMATION,	23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	MOVAL (Specify)	8- 3	- 66		Cemetery	Boonsboro N	
	IERAL DIRECTOR			ADDRESS			ARS SIGNATURE
Johr	n Ha Bagt	. Jr. 11:	2 N. M	ain St. Boons	TAG LAM DATE	א סכונו ני טטף	markey years

TO INTERIAL DINICTOR: After this certificate lios been signed by the attendance by sician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permits then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

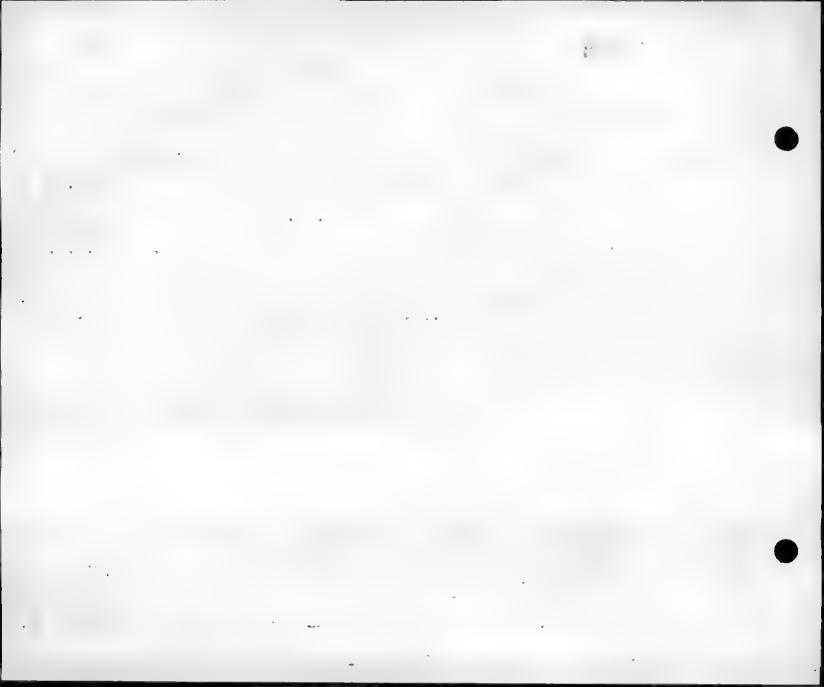
10634

CERTIFICATE OF DEATH

10628

7	1. 1	PLACE OF DEATH					2 USUAL RESIDENCE	(Where deceo	sed lived, if institu	t on Residence	e before odmission)
el .			NASHINGTO			MARYLAND	a. STATE MARYLAND 6 COUNTY WASHINGTON				
	ì	HANCOCI	diversity carbarote (invit	5,	LIFE	F STAY IN 1b	c CITY OR TOWN (If auts de corporate limits, write RURAL and give nearest town) 215 BAPTIST RD.				
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) HOME					d STREET ADDRESS	NCOCK	MD.		e IS RESIDENCE ON A FARM? YES NO	
	- (	NAME OF DECEASED (Type or print)		AUDE		THEW!	SMITH	4 DATE OF DEATH			23.66 Year
	5 :	M SEX	6, COLOR OR RACE	7. MARRIE WIDOWE		MARRIED	3.14.192		los partidoy)	Months	YEAR IF UNDER 24 HRS Doys Haurs Min
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  100 KIND OF BUSINESS OR INDUSTRY				ALLEGANY				ZEN OF WHAT NTRY? J. S. A.		
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
		ARTHUR	SMITH				GLADY	S BRI	NKMAN		
	15	WAS DECFASED EVE	R IN U.S. ARMED FORCES?	of service)	SOCIAL SECURI	IY NO 17.	INFORMANT	***************************************	Add	ress	MD.
	1,0	YES	(If yes give wor or dotes o	2	218.09.	1555 V	ILDA M SM	1TH 2	15 BAP1	TIST R	B.HANCOCK
		18 CAUSE OF DE PART I. DEAT	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE	(0)	or (a), (b)) ond (	nont	- Melo	wow	·a		INTERVAL BETWEEN ONSER AND DEATH
		Conditions, if any,	DOL		diff.						
		rise ta Immediate couse (a), (b)									
		stating the underlying cause (c)									
	NOI	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)							19. WAS AUTOPSY PERFORMED?		
1	3	20- ACCIDENT WAS	INDEDIZING [7]	201	DECEMBE MONITOR	HILDY OCCUPED	(Catas andrea of towns on	Don't Las Day	- II -d -d- 10 V		YES NO
	A CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY					. (Enter nature of injury in				
	MEDICAL	20c. TIME OF INJ. Haur o.n	10	Wh	INJURY OCCURR  le Not Whi ark of worl	le for	ACE OF INJURY (Home, for tory, street, affice bldg., etc.)		(City or town)	/(Cour	nty) (Stote)
		saw the de	y that (I) (this has eceased alive on_	pital) atte	nded the dec	eased fram.s	5/3/ at death occurred a	1966	to	and on th	_, that (I) (we) last e date stated abave
,		220. SIGNATURE	51 hor	was.	TEMU	P N	D. PHYS	MED DIRECTOR	STAFF PHYS.	22b. DA	25/66
1		22c, PHYSICIAN'S NAME (Type)		COM		EM.K	22d. ADDRESS	NC.C	OCK	, p	ld.'
>	23 a	BURIAL, CREMATIC	N, 23b DATE TH			OF CEMETERY OR	PISCOPAL		NCOCK V	VASHIN	County) (Stote)
1		FUNERAL DIRECTO	)		ADDI			D BY REGISTI		EGISTRAR'S SIG	
8		LAND	n I	410	.0 H	200000	C = ./  I			mlian	/. O .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in any eyent, within 72 hours after decom-IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66



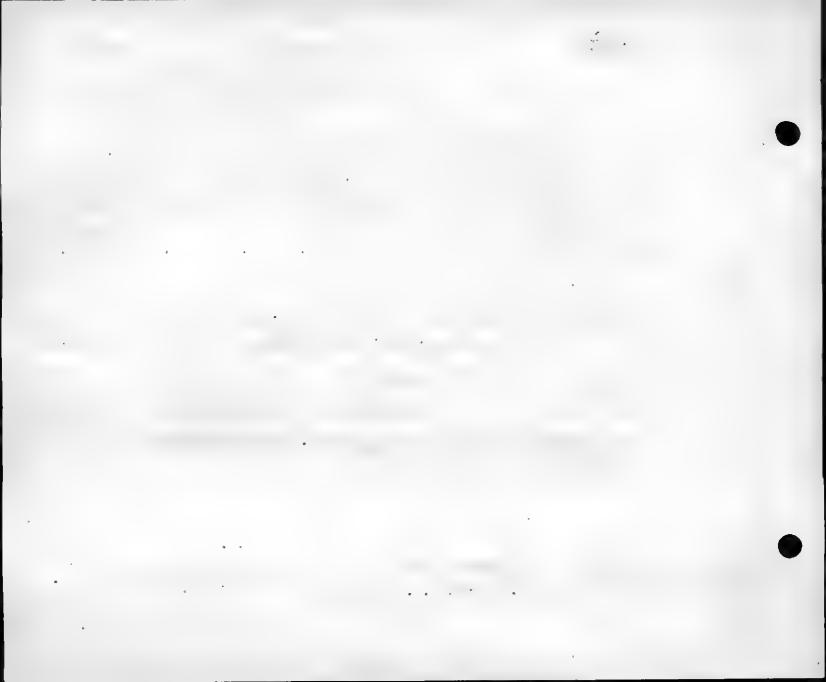
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 10635 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Maryland ashington MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 4 Years Hagerstown e IS RESIDENCE d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 132 South Potomas Jackson Convalesant Home Middle 3. NAME OF First 4 DATE DECEASED OF July GEORGE WILLIAL. 1966 (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs WIDOWED X X 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Reti COUNTRY? Hag. Wash. Co. Md. etired 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ananda Grinn Charles R. Smith IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Harnan Full 409 Lingmore Ave 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1 DEATH WAS CAUSED BY: Hagerstown, Laryland INTERVAL BETWEEN ONSET AND DEATH Atherosclerotic heart disease IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Atherosclerosis, cerebral and generalized. Prostatic hypertrophy 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. of work 21. I certify that (i) (this-hospital) attended the deceased from May 19 61 to July 3 , 19 66, that (1) (we) last sow the deceased alive on July 1966, and that death accurred at 10:30, from causes and on the date stated above. P.M. DST 220. SIGNATURE 22b. DATE SIGNED July 5, 1966 DIRECTOR 100 Professional Arts Bldg. Hagerstown, Maryland 22d ADDRESS 22c. PHYSICIAN Layman. (Stote) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23a. BURIAL CREMATION. REMOVAL (Specify) Hagerstorn, 7/6 Wash. Rose Hill Cenetery 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

Andrew K. Coffman Hagerstown, L. ryl name

requires that the death certificate be executed within 24 hours after death. completely filled in by the funeral aave carban papers. Pages 1 and гетъауе pup ar remayal, signed by the attending burial-transit permit. Th cremation, attendin physician. **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to ATTENDING PHYSICIAN: The lam Page 4 may be retained by the has ital

VR A15 (4)

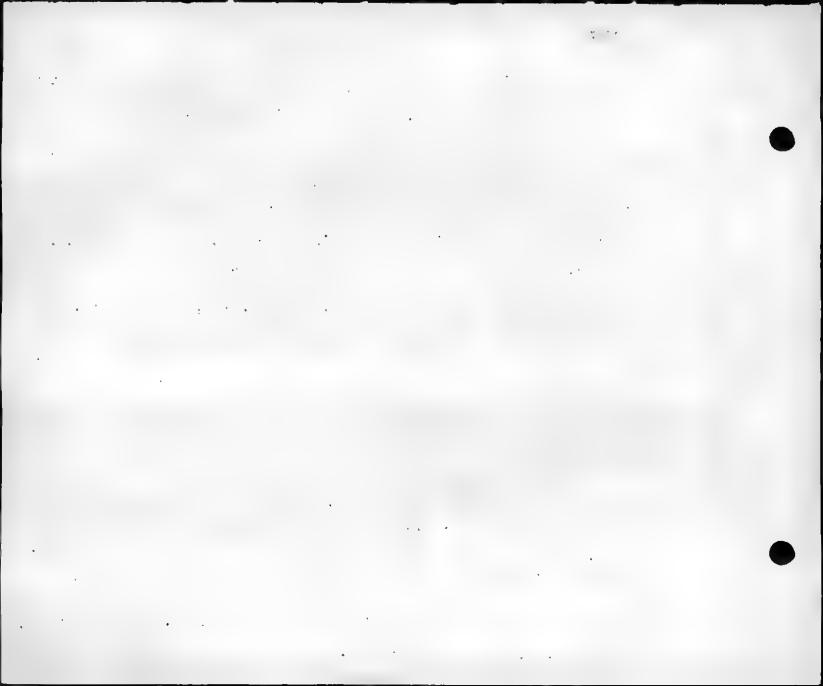


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

PLACE OF DEAT     a. COUNTY				2. USUAL RESIDE	NCE (Where decease	ed lived, If institution:	Residence b	efore admission)
a. GOONT	Washing	gton		a. STATE	id .	b. COUNTY T	ashin	orton
h CITY OF TOW	N (If outside corpora	to limite	MARYLAND	OLTY OR TOWN				
write RURAL	and give nearest toy	/n)	c. LENGTH OF STAY IN 1b	C. GILT OR TOWN (	it butside corpora	ate limits, write RURA	IL and give	nearest town)
Rural	, Leitersbu	ırg	34 Years	Rur	al, Leit	ersburg		1
d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in h	ospital, give street address)	d. STREET ADDRESS	S		В.	IS RESIDENCE ON A FARM?
3. NAME OF								s X NO
DECEASED	F	rst	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	Lau	ıra	May	Snively	DEATH	July	11	19 66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. At	GE (in years ! IF UNDF	R 1 YEAR IF	UNDER 24 HRS.
F'emale	Thite	WIDOWED		0/00/1200		st birthday) Months	Oays	Hours   Min.
10a USUAL OCCUPAT	TON (Give kind of work		IND OF BUSINESS OR	2/28/1378		38 yrs.		
auring most of work	ing life, even If retire	d) I	NDUSTRY	11. BIRTHPLACE (	-	roreign country)   12. (	CITIZEN OF	- WHAI
house 1.	ie			Greensbur	g, Md.		OUNTRY?	Α.
13. FATHER'S NAM	E			14. MOTHER'S MAI	OEN NAME			
Josiah 1	Hardman			Jara	h Hoover			
15 WACDECEASED	EVER IN U.S. ARMED FO	DOE02   10	000144 000174-1440					
(Yes, no, or unkown)	EVER IN U.S. AKWED FU   (If yes give war or dates o	f service)		INFORMANT		Address		
To				rs. Harold	S. Parr.	Smithsburg	Md.	#2
1 18. CAUSE OF	DEATH   Enter only on	e cause per l	ine for (a), (b), and (c).]	1.7	<del></del>			AL BETWEEN
	ATH WAS CAUSED BY			6 TV	6 000	· Cani		AND DEATH
200	IMMEDIATE CAUSE	(a)	Viller	+ AM	100 n	( STO ALS		-1-1
3532	OUE	TO		,			1/4	LUOK
Cenditions, If	any, which \	(b)					1	7
gave rise to								
cause (a), st	ating the	10						
underlying caus		(c)						
PART II. OTHER S  20a. ACCIDENT OR CONTRIBUTI UIF EITHER, NOT	IGNIFICANT CONDITIO	JNS CONTRIBL	ITING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL	OISEASE CON OIT	ION GIVEN IN PART 1(a	19. V	VAS AUTOPSY PERFORMED?
ICA							YES	NO
20a. ACCIDENT	WAS UNDERLYING	20b. I	ESCRIBE HOW INJURY OCCU	RREO. (Enter nature o	of Injury In Part I	or Part II of Item 1	B.)	<u></u>
C OR CONTRIBUTI	WAS UNDERLYING THE NG THE CAUSE OF DEATHER MEDICAL EXAMILE	TH						
ZOC. TIME OF I	NJURY Month, Day,		factor	E OF INJURY (Home, i y, street, office bldg.,		y or town) (Co	unty)	(State)
E noui en		While at work	- NOL WHITE -	31 act cost outcopies.		011	,	
				31/1/6		/ / /	0/11	40. 4 . 3 . 4 . 5
		utal) attend	ed the deceased from	2.19 6	Ø, to		4 7 407 111	(I) (we) last
	eased alive on	2 , 4-	and that	death occurred at_	M, from	the causes and on		
22a. SIGNATUR	E// n ~	7	1				DATE SIGN	ED
,	V Val Lit	nergo	WALDENAND	PHYS	MEO. OIRECTOR	STAFF HYS.	/_<	66
22c. PHYSICIA	N'S / /	1			• · · · · · · · · · · · · · · · · · · ·	/	17	100
NAME (Ty	pe) /	111	MAYNESBORO, P	(0)	War	leves (	19	
23a. BURIAL CREM	ATION LOOP DATE	WEDE OF	Leo. Marie of Addison				<u> </u>	
23a. BURIAL, CRÉM REMOVAL (Spe	ATION, 23b. DATE	HEREOF	23c. NAME OF CEMETERY	UK CREMATURY	23d. LOCAT	ION (City, town or co	ounty)	(State)
Burial	7/7/	66	Price's		Warnes	sboro #2. F	rank?	in Pa.
24. FUNERAL DIRE	CTOR		ADDRESS	25a. R	C'O BY REGISTRA		'S SIGNAT	URE
21/201	21.21		Waynesboro Pa.	0475	0.4111	ince and		0 .
-WILLSA-	4-7-1-	V-Z	TO THOUSE TA	OATE	-UL-8	1966 200	onela	Judge

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Hen please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR #15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

a. COUNTY	IH		2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)			
	The chimneton	MARYLANO	a. STATE b. COUNTY			
b. CITY OR TO	WN (if outside corporate limits,	L c. LENCTH DE STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
write KUKA	L and give nearest town)	Tifatima	1			
d. NAME OF H	OSPITAL OR INSTITUTION (if not	In hospital, give street address)	d. STREET AOORESS	11: 30ct	a. IS RESIDENCE	
	es will Hoad		11	mill noad	ON A FARM?	
			OHar res		YES NO 4	
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year	
(Type or print)	Resley	orth	2001,00	DEATH July	C- 19 60	
5. SEX	6. COLOR OR RACE 7. MARR	HED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IFUNDER 1 YEAR IFUNOER 24 HRS.	
1 73	''11 - WIOOV	WED DIVORCED	5305. 20 1	392 70 yrs.	Months Days Hours Min.	
10a. USUAL OCCUPA	ATION (Give kind of work done 10 king life, even if retired)	D. KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (Co	unty & State, or foreign country	) 12. CITIZEN OF WHAT COUNTRY?	
Talling most of wol	TC > 11.41	ircrift	N.r	vland	COUNTRY!	
13. FATHER'S NA	ME	0.000 000 000 000 000	14. MOTHER'S MAID	0 200000		
- 75	lliam Henry S	menican	Mary Vie	nna Trone		
	DEVER IN U.S. ARMED FORCES?	de v	INFORMANT	Addres	25	
(Yes, no, or unkown)	(If yes give war or dates of service)				) e	
YUS	1 40 Jr. 131, T		. WIL 12 3	5 7.50% N. T.	<u> </u>	
1 1	DEATH (Enter only one cause p	per line for (a), (b), and (c).]	1		INTERVAL BETWEEN ONSET AND OEATH	
PART I.	DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	commany occ	/usuri		In watered	
420		/	<u> </u>			
Cenditions, If		euspalized	Hoteries	cleresis 2	4 / 20 Vas	
gave rise to	Immediate (			4		
cause (a), underlying ca	atatale the	7240218181 lero	Lic Hear	-+ Disease		
	(0)	RIBUTING TO DEATH BUT NOT REL			PART 1/a) 119. WAS AUTOPSY	
Entets &	Post Larynger		, ,	a 1-1 12 et 25 4251	PEDECEMEN?	
PART II. OTHER STATUS  20a. ACCIDEN OR CONTRIBU (IF EITHER, N	T WAS UNDERLYING 201 TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury in Part I or Part II o	f Item 18.)	
	1	Dd. INJURY OCCURRED 12De. PLA	CE OF INJURY (Home, fa	rm.  20f. (City or town)	(County) (State)	
20c. TIME OF	_		ry, street, office bldg., et		(County) (State)	
25 1		work at work				
21. I cert	lfy that (I) (this hospital) att	ended the deceased from/	Tay 15 , 19		19.66, that (I) (we) last	
saw the d	eceased alive on Jun	(15 19 66, and tha	t death occurred at 🗹	M, from the causes	and on the date stated above.	
22a SIGNAT	JRE O	1/			22b. DATE SIGNED	
) clive	unk WINT	10-111 M.		MED. STAFF PHYS.	7-10.66	
22c. PHYSIC	Type) / / /	to TIT (K)	22d. ADORESS 2/2 1/2 W	ashington St.	Hagerstonnild	
23a. BURIAL, CRE	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY.	1 23d. LOCATION (City, to	own or county) (State)	
REMOVAL (S	pecify)   5 17 11-5	5 7, 7 7		1 or 6 3	, 7 3	
24. FUNERAL OII		ADORESS	25a. REC		Michaeles Judge	
) , , , , , , , ,	til	ost . !.	DATE 1	JL 1 2 1966	trances July	

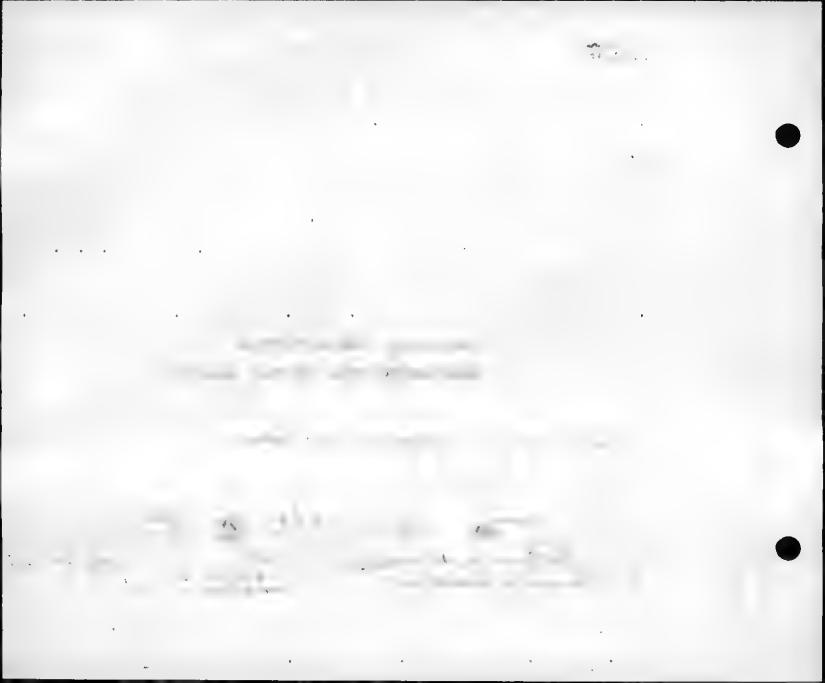


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 10638 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. (O. NIY Washington MARYLAND Maryland Washington b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) t LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate firmts, write RURAL and a ve nearest town) 42 Yrs. Rural Sharpsburg Rural Sharpsburg d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES X NO Rfd. 1 Rfd. NAME OF First Middle Lost 4 DATE Month Year DECEASED OF Carlton July 23, 66 Spielman Hugh 19 (Type or print) DEATH B DATE OF BIRTH AGE (In years F UNDER 1 YEAR I IF UNDER 24 HRS SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthdoy) Doys Months Hours WIDOWED DIVORCED Nov. 7, 1883 Male White 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? U. S. A. Tilghmanton, Md. Farmer Farming 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Spielman Manzella Highberger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dates of service No. Mr. Paul P. Spielman Rfd. 1, Sharpsburg, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) 20 DUE TO Conditions, if any, which gave rise to immediate couse (a), **DUE TO** stating the underlying couse **POST** PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? CERTIFICATION NO 😿 20b DESCRIBE HOW ANURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLY NG [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) at work at work 21. I certify that (I) (this beseited) attended the deceased from 19.66 that (1) (was last , and that death occurred of 2.4.M, fram causes and on the date stated above. saw the deceased alive on 7 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** DIRECTOR PHYS 22d. ADDRESS P.O. BOX 458 RIZALITO SHARPS BURG, M.D 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Mountain View Cemetery Buria 7- 26- 66 Sharpsburg. Md. 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Marley John H. Bast, fr. 112 N. Main St. Boonsboro, Md PATE JU

requires that the death cert frate be executed within 24 hours after Beath. by the funeral s Pages 1 and 2 hours after death van papers Pages I within 72 haurs after and completely filled in pan È anyeven /emove physician a nen please avaf, and if crematian, ar remaval, Then attending permit. the transit signed by I burial trans burial, crem physician. prior to by the haspital ar attending has been 10 FUNERAL DIRECTOR: After this certificate Ę Dept. of I be detached is State Dept. of ATTENDED be retained pluchs director, page 3 should should be filed with the CV2 Page 4 may

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0633 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) I. PLACE OF DEATH Washing ton o. CQUINTY shington MARYLAND c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 15 b CTY OR TOWN (If autside carparate fimits, write RJRAL and give nearest tawn) 4 Weeks Hagerstown H gerstown 4 'es IS RESIDENCE ON A FARM? d STREET ADDRESS 42 So Cannon Ave shin ton County Hospital YES NOT TO K 4 DATE Year NAME OF DECEASED July VIRGINIA NONA DEATH (Type or print) IF JNDER 1 YEAR | IF UNDER 24 HRS. 9 AGE (In years S SFX 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED DATE OF BIRTH 10st burthday) 79 yrs Haurs Janv 18 1887 Fer.le 12. CIT ZEN OF WHAT DE KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 1Da USUAL OCCUPATION (Give kind of work done INDUSTRY during most of working life, even if retired) Tilshmanton Wasn Co Housewife 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME No Record John B. Snyder 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, pp, or unknown) (If yes give war or dates of service Charles E. Spigler : 5 So Cannon Ave Hagerstown INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 2Da ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2De PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year factory, street, office bldg, etc.) Hour am. Not While at work ot wark 1966 that (1) (we) last 1966, ta 12 21. I certify that (I) (this haspital) attended the deceased fram\_ 19 f.C, and that death occurred at 3 3 MM, from causes and on the date stated above saw the deceased alive an \_\_\_\_\_ 22b. DATE SIGNED 220. SIGNATURE DIRECTOR PHYS. PHYS 22c. PHYSICIAN'S NAME (Type) 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (State) (County) BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) T'\_ Sit erstown Cemetery Rose will 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DATE J

Coffman Funeral Home Inc

VR A15 (4) 20 M 1/66

Page 4 may be retained by the hospital or ottending physician.

FUNERAL DIRECTOR: After this certificate hos been irector, page 3 should be detached for use os the hould be filed with the State Dept. of Health prior to

director, page 3 should should be filed with the

The law requires that the death certificate be executed within 24 hours after death.

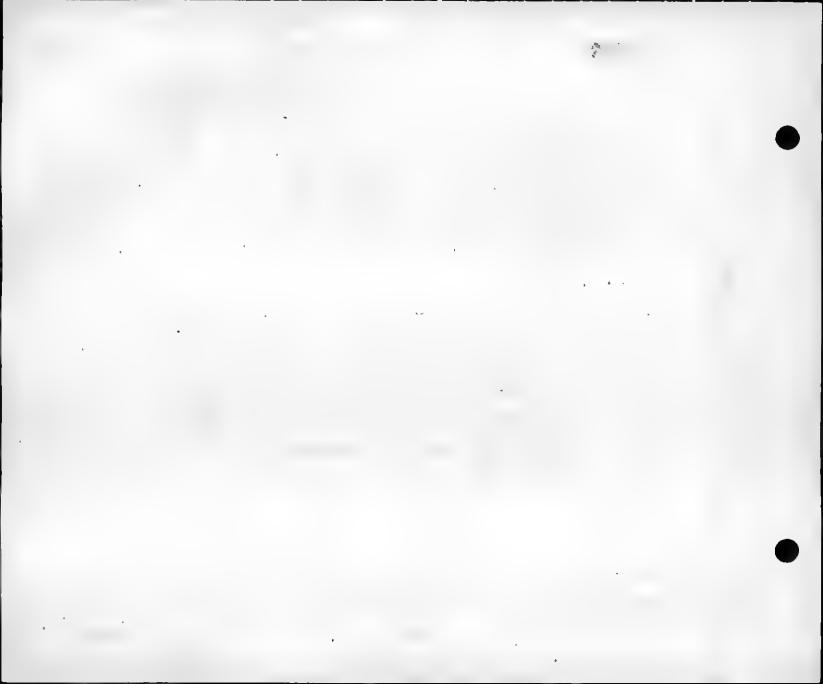
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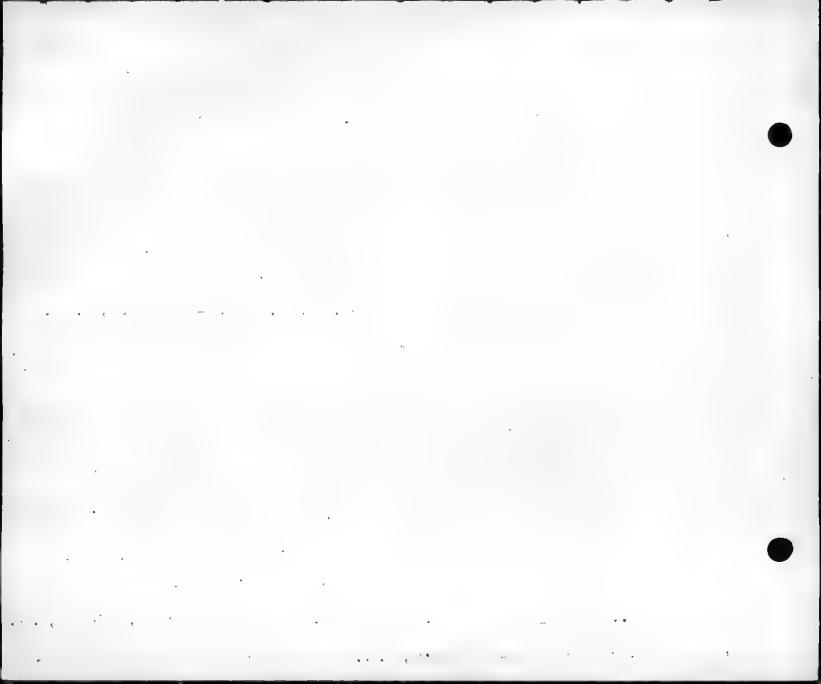
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signed by the attending phe buriol-transit permit. The buriol, cremotian, or remove

within

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1084 CERTIFICAT	E OF DEATH
1. PLACE OF WEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY MARYLAND MARYLAND	a. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Con I Si no Turk 170 .1 /./
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
	ON A FARM?
hondel Road	Mondel Road YES NO X.
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year DF DF T 3 Yr 77 10
(Type or print)	D. TU 19 )
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
1 7 1 MIDOWED DIVORCED	Sont. 3 1391 74 yrs. 10 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fereign country)   12. CITIZEN OF WHAT COUNTRY?
Housewife Home	Maryland II.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Theodore Smith	minrie Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT (13) 12 Address 127 13
0 2129-06-40563	. To 5:: in To .I
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Could be Let	eonlape ONSET AND DEATH
2011	
Cenditions, If any, which	artusileurs Year
gave rise to Immediate	
cause (a), stating the DUE TO	
underlying cause last. (c)	WAS ALTOPOV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	PERFORMED?
1: Distra bulit	YES NO YES
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO THE CONTRIBUTING TO DEATH BUT NOT RELIED TO THE CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	ry, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	Use 1958, to July 7, 1966, that (1) (we) last
saw the deceased alive on 1966, and tha	t death occurred at 3 A M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
M. H. C. C. M.	
22C. PHYSICIAN'S JOSEPH SECONDARI	22d. ADDRESS BOONS BORN Hd
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c, NAME OF CEMETER	Y OR CREMATORY   23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Tily 10-56 Time !!	e tery stranger M.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
יין דינותי ברדון רידיין יישריין	DATE JUL 1 1 1966 Milianles Judge

VR 415 (4) 20M 1/65



	funera	should	
	led in by the funera	and 2	death.
	ed in b	ges 1 s	after
	ler	uld be detached for use as the burial-transit permit. Then please remove darbow papers. Pages I and 2 should	te Dept. of Health prior to burist, cremation, or removal, and in any event, within 72 hours after death.
4	SCIOR: After this certificate has been signed by the attending physician and complete	ed Mog	within 7
	ician an	nove day	event
	ng phys	ease rer	d in any
	attend	Then pl	wal, an
sician.	by the	sermit.	or remo
ng phy	signec	transit p	nation
attendi	as beer	-leina	ial, cre
pital or	ificate h	a as the	r to bur
the hos	his cert	for use	th prio
be retained by the hospital or attending physician.	After t	efached	of Heal
e retair	CIOR:	p eq p	a Dept.
-	20	2	where

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	٧R	A15	(4)
	15	M 7-	62

	DIVISION OF STATISTICAL RESEARCH AND RECORD	S, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
1	10642 Item #8 Film #319	TE, OF DEATH	[11:130]
ru	PLACE OF DEATH  II COUNTY  ASHIVETON  MARYLAND  C. CITY OR TOWN (.f outside corporate limits, c. LENGTH OF STAY IN 1b. write RURAL and give nearest town)  TAGE OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	2. USUAL RESIDENCE (Where decessed lived, if institution is STATE b. COUNTY WASK COUNTY WASK COUNTY OR FOWN (If outside corporate limits, write RURAL and STREET ADDRESS	UNGTON
3.	Clearview Nursing Home NAME OF DECEASED BARBARA ANN Middle DECEASED BARBARA ANN VA	1834 WOODBURN DRIVE  Lest 4. DATE OF DEATH JULY DATE OF BIRTH 1877   9. AGE (in year) If UNDER San Diriphday) Months	ON A FARM? YES NO Day  Year  1966  1 YEAR IF UNDER 24 HRS Days Hours Min.
do	UNKNOWN	Hungary  14. MOTHER'S MAIDEN NAME  Unknown	TIZEN OF WHAT COUNTRY?
	WAS DECEASED EVER IN U.S. ARMED FORCES?  s, no, or unkown) (Ill yesgive werordeles of service)  16. SOCIAL SECURITY NO. 17.  17. IN CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c).		n, Md.  INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	peve rise to immediate cause (a), stating the underlying DUE TO CAUSE lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NO Arthur Filerafic Heart Liseast in	clar affect telepsis  lerosis general  DI RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PAR  Jeth afral fificlation  D. (Enter nature of injury in Port I or Port II of item 18.)	rente  rente  rente  rente  rente  performed?  yes \( \text{NO} \)
MEDICAL	21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 1.7 5 1/2 119 6, and that 22e. SIGNATURE	tory, street, office bldg , etc.)	
24	BURIAL CREMATION, 23b DATE THEREOF REMOVAL (Specify) 7-22-66 St. Mary structure ADDRESS Innich Funeral Home, Hagerstown,		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10643 MEDICAL E	XAMINER'S	CERTIFICATE O	F DEATH	10637	
)	PLACE OF DEATH COUNTY Washington	MARY, AND		Yhere deceosed I ved, if institution yland b. COUN		
	rutali sharpsburg 20	H OF STAY IN 16 years		tside corporate limits, write RuR Sharpsburg	AL ond give neorest tawn)	
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospito), give street ( $Rd \# 1$	oddress)	a. STREET ADDRESS  Rd # 1		e IS RESII ON A F YES	
	3 NAME OF DECEASED (Type or print) WILLAIM RUSSEL V		cast	4 DATE Month OF July		66
	s SEX 6 COLOR OR RACE 7 MARR ED NEV male white widowed	/ER MARRIED   8	6/9/20	9 AGE (In years  14 Gost birthdoy)  yts.	Months Doys Hours	R 24 HRS M n
	iDo USUA. OCC.PATION (Give kind of work done during most of working life, even if retired)  machinest  industry aircraf		Bakersv	or foreign country) ille, Md.	12 C TIZEN OF WHAT COUNTRY?	
	13 FATHER S NAME		14 MOTHER'S MAIDEN N	AME		
	Robert J. Vickers			Lindsay		
	15 WAS DECEASED EYER IN . S ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) Yes 17-18	URITY NO 17 III	MFORMANT	Address red Vickers	Sharpsbur	g, Nic
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Suffocati DUE TO 2 nd. & 3  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost  Output  Due To (c)	rd. degree	burns invo	olving entire a	Several minut	es
ĵ	PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19 WAS AUTI PERFORM YES	
	FRIMARY Or CONTRIBUTING TIN bed smoking.	· ·		Port For Port II of Item 18)	ed to floor.	
1	21   Certify that I taak charge of the remains des	work scribed abave, he		Sharpsburg, V	Mashington, N	
	death resulted fram Natural causes [], Acci	gent [ <b>x</b> ], Suid	CHIEF MEDICAL  ASS STANT MEDI	EXAMINER CAL EXAMINER CAL	22. DATE	SIGNED
,	EXAMINER'S NAME (Type) Dr. E. W. Ditto. 37.  230 BURIA, CREMATION. 23b. DATE THEREOF 23c NAME	ME OF CEMETERY OR C	Address (Street,	city, town, or county) Hage	erstown. Md.	Stote)
	1 1 110117	View Ce		Sharpsbur		-,
1		DDRESS	250 RECD	BY REGISTRAR 25b REG	STRAR'S SIGNATURE	
	Minnich Funeral Home Hag	erstawn.	MA DATE J	UL 8 1966 -	morela, Que	Lac

VR A15ME (5)

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit Health ar its designated agent, prior to burial, cremation, ar remaval,

5 may be retained far your files

FOR STATE HEALTH DEAT.

A pages 1 and 2 with the State Department of any event within 72 haurs after death.

The same of

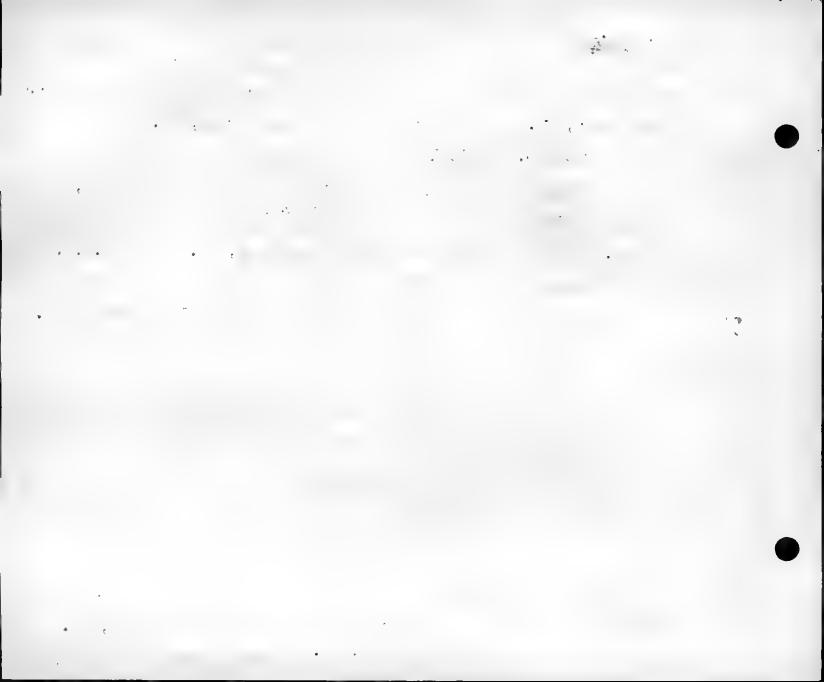
necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be farwarded to the Cnief Medical Examiner's Office along with farm PM3. Page

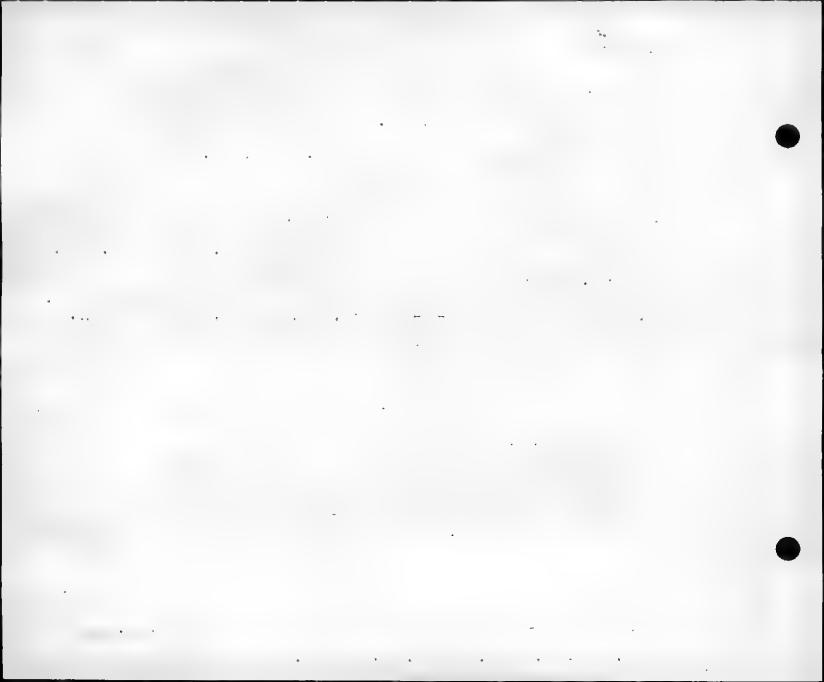
This certificate shauld be executed within 24 haurs after death 18

TO DEPUTY METAL EXAMINER:



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10644 CERTIFICATE OF DEATH and 2 death, low requires that the death certificate be executed within 24 hours offer death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before page ssion) sician ond completely filled in by the funeral please remove carbon papers. Pages 1 and 3, and in any event, within 72 hours after deat o. COUNTY b. COUNTY MARYLAND Maryland Washington Washington b. CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURA, and give nearest town) Clear Spring, Hagerstown d. L day d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) days e IS RESIDENCE ON A FARM? None NO Washington Co. Hospital 3 NAME OF Midd e First 4 DATE Month Year DECEASED OF (Type or print) DEATH 9 AGE ( n years S SEX B DATE OF BIRTH YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost burtiedoy) Months Dovs Hours WIDOWED DIVORCED Male White 100 SUAL OCCUPATION (Give kind of work done 30b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY attending physician permit. Inerrapleose Self employed Ret. Painter Shanktewn 13 FATHER S NAME Ellen Myers John Weaver INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address signed by the attendi burial-transit permit. burial, cremation, or ri (Yes, no. or unknown) (If yes give wor or dates of service) Mrs Zean Blair Clear Spring None INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY GeneREUEleft ler IMMEDIATE CAUSE (o) 4 days O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be refained by the hospital or attending physician. DUE TO embelus, left femeral artery 4 dens Conditions, if ony, which gove rise to immediate couse (a), DUE TO arteriosclerotic heart disease with auricular unknown stoting the underlying couse be detached for use as the State Dept. of Health prior to has been lost 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) emphysema severe: arterissclerosis generalized NO 1 TO FUNERAL DIRECTOR: After this certificate 0 200 ACC DENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20: TIME OF INJURY Month, Day, Year (County) (Stote) Hour o.m. foctory, street, office bldg, etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram. June 19.66, that (I) (we) last director, page 3 should should be filed with the saw the deceased alive an July 7 19 66, and that death accurred at 6:00 M, fram causes and an the date stated above. 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS PHYS DIRECTOR 22d. ADDRESS 22c PHYSICIANS NAME (Type) 1229 Revenwoods Hets. John H 23p BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Rose Hill Cem Clear Spring 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Clear Spring, Md. Charles DATE .





DIXISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY HINGTON after d) MARYLAND ÷ CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours AGIERST OWN AGERSTOWN. MO 5 E d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADORESS GUIL FOR 104 OSPITA within etely within carbon NAME OF First Middle DATE Month DECEASED DF DEATH WEBB DEBRA event. compl (Type or print) executed 5 SFX 6. COLOR OR RACE DATE OF BIRTH remove AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIEO last birthday) Months I WIDOWED DIVORCEO: 10a. USUAL OCCUPATION (Give kind of work done) .⊑ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician lease and in þe during most of working life, even if retired) INDUSTRY CHILL death certificate ā 13. FATHER'S NAME WEB MERRICK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) ((If yes give war or dates of service) transit permit cremation, or NON 10 CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] by PART I. DEATH WAS CAUSED BY: PONTANEOU 0 IMMEDIATE CAUSE (a) Signed burial-tr burial, **OUE TO** Conditions, if any, which been gave rise to immediate the r OUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of Item 18.) detached f te Dept. of 1 MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Not While factory, street, office bldg., etc.) Hour a.m. After p.m at work at work P UN 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: 6 M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at// SUGNATURE ლ ≥ page ATTENOING PHYS. M.O. DIRECTOR TO FUNERAL director, pa O HOSPITAL 22c. PHYSICIAN'S 22d. **AOORESS** should Page / LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. BEMOVAL (Specify) 7-15-66 Cedar Lawn Mem. Park Hagerstown, Ind

Minnich Funeral Home, Hagerstown,

MARYLAND STATE DEPARTMENT OF HEALTH

Md.

25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

DATE SIGNED

WASHINGTON

Days

12. CITIZEN OF WHAT

19.

(County)

22b.

YES

COUNTRY?

e. IS RESIDENCE ON A FARM?

Year

19

Hours

INTERVAL BETWEEN

WAS AUTOPSY

NO F

(State)

PERFORMEO?

NO 14

(06

24. FUNERAL DIRECTOR



O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Oepartment of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MED

(5(1)

VR A15ME (5) 5M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

647 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- 1				
1	1.	PLACE OF DEATH  a. COUNTY  Washington  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Re a. STATE Maryland b. COUNTY Fr	ederick
		b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  Hagerstewn-Rural	c. CITY OR TOWN (if outside corporate limits, write RURAL a Frederick-Rural RB#2	and giva nearest town)
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		a. IS RESIDENCE ON A FARM?
		Camp Greenbriar	Araby	YES NO K
		RAME OF First Middle DECEASED (Type or print) Jee Fred U	In State Seath July 1	Day Year
	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH   9. AGE (in years, IF UNDER 1	
	1	Male White WIDOWED DIVORCED	13 rug 1900 ) yrs.	Deys Hours Min.
	10a. duri	USUAL OCCUPATION (Give kind of work done   10b. KrND OF BUSINESS OR INDUSTRY	COI	TIZEN OF WHAT
		Infant	Mentgemery County, Md. U.	S.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Joe Fred Whisman, Sr.	Ann Kegley	
		s, no, or unknwn) (If yes give war or dates of service)	INFORMANT Address	
			rs. Ann Baker (Same as item #2)	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
		IMMEDIATE CAUSE (a)		= C/Con
		Conditions, if any, which	J	
v		gave rise to immediate		
		cause (a), stating the DUE TO underlying cause last.		
	ĕ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REC	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
_	Ä			YES NO
,	MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	E	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	drivenia.	
	CAL	fact	ACE OF INJURY (Hope, farm, 20f. (City or town) (Courtory, street, office blog., etc.)	nty) (State)
1	4ED	Hour am. 7/16 1966 While Not While X 6/4	W/401	MD.
1		21. I certify that I took charge of the remains described above, he	eld an Autopsy, Inspection, Inquiry,	and In my opinion
		death resulted from: Natural causes 🔲, Accident 🔀, Si	uicide [], Homicide [], Undetermined manner	
		ACTUAL THE STATE OF MICH. 1/2	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
		SIGNATURE GUART 1. Clays	M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	_/ /
L,		EXAMINER'S HOWARD V. WEEKS	Address (Street, city, town, or county)	7/17/66
	23a	DEMOVAL (Consider)		
	34		merial Gardens Hansenville, Md.	
)	24.	Jumn N. Smiller M.		rea Julie
1		M. R. Etchisen & Sen, Frederick, Md.	21701 DATE JUL 20 1966	The of the sale

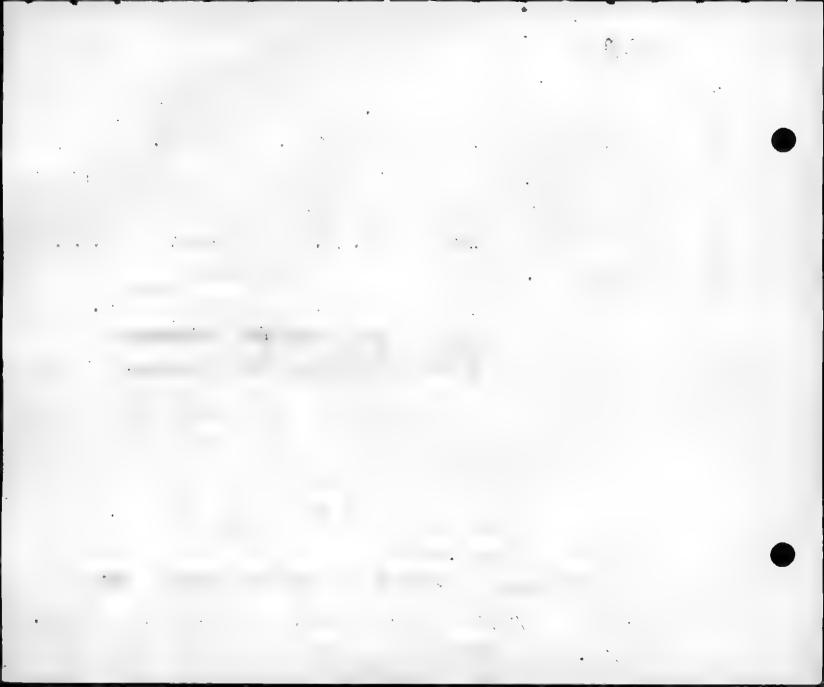
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DATE

VR A15 (4) 20M 1/65



Item 18 Film G379 7/28/SMARYLAND STATE DEPARTMENT OF HEALTH

F.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10650

#### CERTIFICATE OF DEATH

10644

		PLACE OF DEATH					2. USUAL RESIDENCE o. STATE	(Where deceosed I	b. COUNT	Υ	· · · · · · · · · · · · · · · · · · ·	
		Washing	f outside corporate limit		MAR C LENGTH OF STAY	YLAND	o. STATE Maryla	nd		shingt		
	, '	write RURAL and	g ve negrest town) consboro Rí	), 13 O		IN 1D	c CITY OR TOWN (IF a		MITS, WITTE KUKA	r ond give ne	oresi town)	
		RUTEL BO	ONSDORO AI	d . 2	12 Yrs.		d STREET ADDRESS	A1119			T e IS RESIDENCE	
	(				give street oddress)						ON A FARM?	
			Keedy Home					Main St.			YES NO K	
	- 1	NAME OF DECEASED		rst	M:ddle		Lost	4 DATE OF	Month	_	Doy Year	
	5	(Type or print)	Dais	-	Grace	_	Wyand	DEATH	July	15 LNDER TYE	AR   IF LNDER 24 HRS	
	3		6 (OLOR OR RACE	7 MARRIED	NEVER MARRIE		8. DATE OF BIRTH	7. A	St (In years ist birthday) 2 yrs	Months Do	ys Hours Min	
	100	Female	(G ve kind of work done	WIDOWED	ND OF BUSINESS OR	ا انا تا	Nov. 10, 18				N OF WHAT	
G G	duri	ing most_of working l	ife, even if retired)	10	IDUSTRY			,	**	COUNT	RA3	
	13	FATHER S NAME	ne Operator	Te	Lephone Se	rvic	14 MOTHER'S MAIDEN	s Mill,	Md.	Ua	S. A.	
	10		h Snyder				Penelope		0.75			
	15		R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO.	17	NFORMANT	CHRICALO	Address	<u> </u>		
			(If yes give wor or dotes o	of service)	0-03-0504			sherd Bo			um . Md .	
			ATH (Enter poly one rou			1411	Re COINT AT	Bueld Do	x 0/ 114	geraco	INTERVAL BETWEEN	
		PART I DEATH WAS CAUSED BY ONSET AND DEATH										
	WIMMEDIATE CAUSE (o) COLOR CONTROL CALCULATION OF THE TOTAL CALCULATION										106/20	
		Canditions, if any,	,	(b)	6	This	ena -					
		rise to immediate					72.00					
		stating the under	lying couse	(c)								
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									19 WAS AUTOPSY PERFORMED?	
0	CERTIFICATION										YES NO	
e 1	11910	200 ACCIDENT WAS		205 DE	SCRIBE HOW INJURY O	CCURRED	(Enter noture of injury in	Port I or Port II	of item 18.)			
	GR		☐ CAUSE OF DEATH MEDICAL EXAMINER)									
	MEDICAL	20c. TIME OF INJU	RY Month, Doy, Yeor		NJURY OCCURRED		CE OF INJURY (Home, for		ty or town)	(County	(Stote)	
	ME	Hour on	10	While of work		fort	ory, street, office bldg., etc					
			fy that (I) (this has						411.	1966	, that (I) (we) las	
		saw the de	ceased alive an_	Mely	1966,	and tipa	t death accurred a	34 Wi	am/causes a	nd an the	date stated above	
		22o. SIGNATURE	1/1/3/1	Gil			ATTENDING	-MED -	STAFF -	226 DATE	SIGNED / /	
è			1/1/	100	44	I.M.	D. PHYS	DIRECTOR 🗀	STAFF PHYS.	1/	6/66	
ý		22c PHYSICIAN'S NAME (Type)	B 11	1.6	Uns.		22d ADDRESS	mand	1-20	) Tu	d	
	00	BUILD II (OF HITIO	Table Parts and		La week of care	FTFOY OR		L POLICE			4	
	230	BUR AL, (REMATIO REMOVAL (Specify) Burial			23c. NAME OF CEM				ON (City of Town	,	unty) (Stote)	
1	28	FUNERAL DIRECTOR		- 00	Fairvie ADDRESS	ow Ce		D BY REGISTRAR	vsville 25h REG	ISTRAR'S SIGN	ATHRE	
4				0 37 36			oro Md DATE				ly Judge	
N	U	OTHER DI	ANG OF AL	K. N. M	ain St. Bo	onsb	oro Ma Luale &	AF TT	10 po	·	My Junge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it only event, within 72 hours after death, O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retoined by the haspitol ar attending physicion. VR A15 (4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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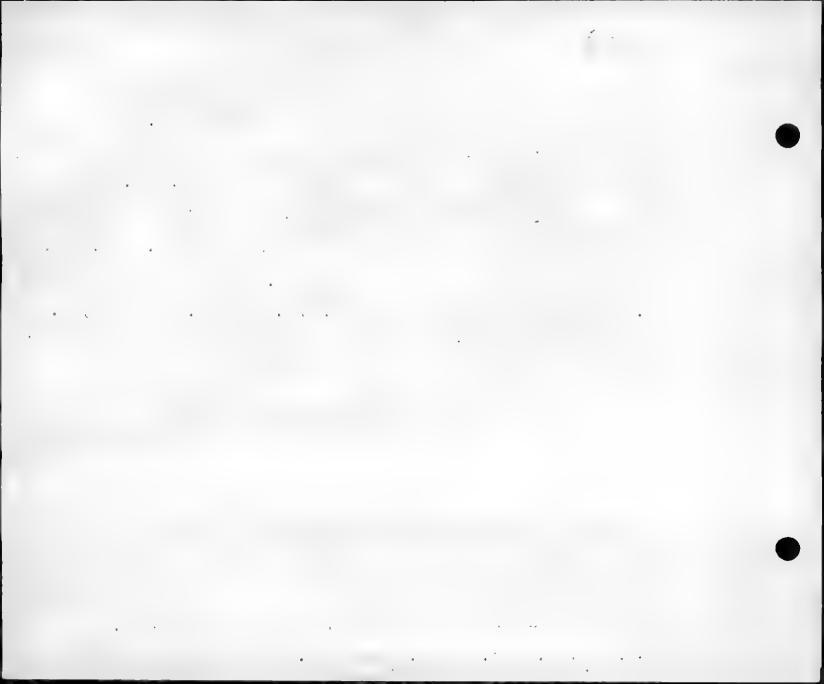
#### CERTIFICATE OF DEATH

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ř.	Į.	I	1	1	IV.	

S .						A 1 / A 1				
1		PLACE OF DEATH			Where deceased lived, if institution Reside b. COUNTY	ince before odm sydn)				
2		o. COUNTY Wa shington	MARYLAND	o STATE Maryland	ton					
		CTY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16		utside corparate limits, write RURAL and gi					
ŀ	1	write RURAL and give nearest town) Hagerstown	24 Days	Rural Boo	onsboro Rfd. 2					
		NAME OF HOSPITAL OR INSTITUTION (If not in hose		d STREET ADDRESS	dissolo ind. 2	e IS RESIDENCE				
,		Washington County Hospi	,	Appletown	ON A FARM? YES NO X					
-		NAME OF First	Middle	lost lost	4. DATE Month	Doy Year				
		DECEASED (Type of print)  Jennie	Viola	Wyand	OF DEATH July 14,	19 66				
	\$ 5	SEX 6 COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years IF UNDE					
	)	Female White WIDO	WED DIVORCED	May 14, 190	03 lest birthday) Manths	Bys Hours Mire.				
		US_AL OCCUPATION (Give kind of work dane)	Ob KIND OF BUSINESS OR	11 B:RTHPLACE (County	T ZEN OF WHAT					
	duri	ng most of working life, even if retired)	Own Home	Washington County, Md. U. S. A.						
	13.	FATHER S NAME		14. MOTHER'S MAIDEN	NAME					
		Samuel Moser		Mary E.						
	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17.	NFORMANT						
	(16)	(If yes give wor or dotes of service)	None R	ev. E. B. Wyand Rfd. 2 Boonsboro, Md.						
- [	$\neg$	18 CAUSE OF DEATH (Enter only one couse per li	ne far (a), (b), and (c))		13	INTERVAL BETWEEN				
- 1		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  A Seuro Con Live Let J Cervix  ONSET AND DEATH								
		///X DUE TO								
	Canditions, if any, which gave ) (b)									
ı	-1	rise ta immediate cause (a), DUE TO								
-		last. (c)								
	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS ALTOPSY PERFORMED?								
	CERTIFICATION					YES NO B				
ı	울	200 ACCIDENT WAS UNDERLYING [ ] 2	Ob DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II of Item 18.)					
ı	E.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL	20c TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, forn		ounty) (Stote)				
- 1	ME		While Nat While I fact	ary, street, affice bldg , etc.	)					
	1	21 I certify that (1) (this haspital) attended the deceased from Novinton, 1965, ta July 1+, 1966, that (1) (we) last								
	- 1	saw the deceased alive an July	1 (+ 1966, and tha	t death accurred at	M, fram causes and an	the date stated above				
- 1		22o SIGNATURE 22b. DATE SIGNED								
		M.D. PHYS DIRECTOR PHYS DIRECTOR								
		22c PHYSICIAN'S JOJEPH SE	CONDARI	22d ADDRESS	BOONS BORO M.	d.				
	23a	BURIAL CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (State)				
		REMOVAL (Specify) Burial 7- 16- 60			Boonsboro, Md.					
X		FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 25b. REGISTRAR S	SIGNATURE				
A.	Jo	hn H. Bast, Jr. 112 N.	Main St. Boonsbo	ro,Md. DATE	UL 19 19\$6 PClo	will Judge				

Page 4 may be retained by the haspital or attending pnysician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1, and 2 should be filled with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death should be filled with the State Dept. VR A15 (4) 20 M 1/66



A15 (4) M 1/65

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL

	1065	2		CERTIF	FICATE	OF DEATH		el, DALIIM	OKE I, III	106	46
1.	PLACE OF DEAT a. COUNTY	Washingt	on			2. USUAL RESIDENCE a. STATE	CE (Where d	b. 000	INITY		efore admission)
	b. CITY OR TOW Write RURAL	VN (if outside corporate lin and give nearest town)		c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If	outside co				
		SPITAL OR INSTITUTION (if	not in hos		address)	d. STREET AOORESS	oles oles oles edecig	TOPOL O		8.	IS RESIDENCE
-	Washing	ton County				Greenca	stle	Pike		YE	ON A FARM?
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Mor	ith	Oay	Year
	(Type or print)	Paulin		Edna	Wyand		DEAT	H Ju.	Ly	I	1966
5.	SEX	6. COLOR OR RACE 7. M	ARRIED E	NEVER MARRI	ED 8	OATE OF BIRTH	9	. AGE (In year: last birthday	IFUNDER I		UNDER 24 HRS.
F 100	emale	White W	DOWED [	DIVORO		tt.23 19	80	57 yrs.	181	7	Hours Min.
dur	ing most of work	(ing life, even if retired)	IND. KIN	DUSTRY	UK	11. BIRTHPLACE (C	ounty & State	e, or toreign count	17) 12. CT	TIZEN OF UNTRY?	- WHAI
- 4	House	vife	Hom	le		Maryla			U	. S. A	1
13.	FATHER'S NAM	ME.				14. MOTHER'S MAIC	DEN NAME				
				rday		Marga	ret E	. Grof	f		
15 (Ye	s, no, or unkown)	EVER IN U.S. ARMEO FORCES (If yes give war or dates of servi	? 16. 50	OCIAL SECURITY			eence	69	ike	RF	
	NO CHEC DE	DEATH (Enter only one cau	<u>  n</u>	lone	Ma	r. Elmer	L. Wy	and Wi	lliams		AL BETWEEN
7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE A Acute yellow atrophy  Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  OUE TO  underlying cause last.										
CERTIFICATION	Hemor	SIGNIFICANT CONDITIONS CO SIAL CARCINOM PHAGE INTO HER WAS UNDERLYING TO LOS TO CAUSE OF DEATH TIFY MEDICAL EXAMINER)	a cer	rvix. flexure.	171X	EO TO THE TERMINAL ( REO. (Enter nature of				YES	VAS AUTOPSY ERFORMED? NO NO
MEDICAL C	20c. TIME OF Hour a.	INJURY Month, Day, Year	20d. INJ While at work	URY OCCURRED  Not While at work	20e. PLAC factory	E OF INJURY (Home, fa y, street, office bldg., e	rm, 20f.	(City or town)	(Cour	nty)	(State)
	saw the de	21. I certify that (I) (this hospital) attended the deceased from July 1, 1966 p. to July 1, 1966, that (I) (two-last saw the deceased alive on July 1 1966, and that death occurred at 1200 M, from the causes and on the date stated above.  22a. SIGNATURE  M.O. ATTENDING MED. STAFF July 2, 1966  22c. Physician's NAME (Type) William T. Layman, M.D.  22d. AOORESS 100 Professional Arts Bldg.  Hagerstown, Maryland									
24.	Burial	eclfy) July 4-6		Greenla AOORESS	-	or crematory emetery   25a. Rec		OCATION (City, Liamspo ISTRAR   25b.	rt IL	ryl	URE
	Alber	t L. Leaf W	1111	amsport	Md.	DATE J	UL 5	1966	Helian	les &	udge

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100 Professional Arts Nor. ilererstone, larger

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10653

#### CERTIFICATE OF DEATH

10647

_		4-									
	PLACE OF DEATH O. COUNTY Washington			MAI	RYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY Washington					
		If outside corporate limits,		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou	itside corporote limits, write R	URAL and give m	eorest town)		
	Hagerstown 5			5 days		Hagerst	own		21-1		
-	d. NAME OF HOSPIT	TAL OR INSTITUTION (If not i	n hospital, g	give street oddress)		d. STREET ADDRESS			e. IS RE	SIDENCE	
	Washi	ngton Coun	ty F	lospital		354 Antietam Dr. YES NO					
3.	NAME OF DECEASED (Type or print)	RALPH First	CI	Middle LINTON	ZEN	LOST FMYER	4. DATE Mo OF DEATH	July	10 1º	Year 9 66	
S,	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED E	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 Y	EAR IF UND	DER 24 HRS.	
r	nale	white	WIDOWED	DIVORC	ED 🔲	3/5/16	last birthdoy) 50 yrs.	months	042	a Milly	
dur	ing most of working	N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY Blast	ing		& Stote, or foreign country) oro, Penna	COHN	EN OF WHAT		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN NAME					
	1	Harry Zent	myer			Harriet Hawk					
15.	WAS DECEASED EVI	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	Add	ress			
116	V e S	(If yes give wor or dotes of s	ervice) 2:	14-09-59	48 1	Edna M. Ze	entmyer	Hagert	own,	Md.	
	Canditions, if any rise to immedia stoting the under last.	le couse (o), orlying couse (c	Car	chal I	a Pa	nelege			9 mg	us,	
CATION	PART II. OTHER S	IGNIFICANT CONDITIONS CON	TRIBUTING	O DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)		PERFOR		
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY	OCCURRED. (	Enter nature of injury in	Port I or Port II of item 18.)				
MEDICAL	20c. TIME OF INJ Hour o. p.	10	20d. II While			E OF INJURY (Home, form pry, street, office bldg., etc.		(Count		(Stote)	
	21. I certify that (I) (this haspital) attended the deceased fram Sept , 1963, to 10 July 1966 that (I) (we) last saw the deceased alive an 1966, and that death accurred at 123-18, fram causes and an the date stated abave										
	220. SIGNATURE ADVISOR M.D. ATTENDING MED. STAFF 226. DATE SIGNED 7/11/66								4		
		22c. PHYSICIANY J. D. Wilson, M.D. 22d. ADDRESS 580 Northern Ave., Hagerstown, Md.									
230	BURIAL, CREMATI		OF	23c. NAME OF CEI	METERY OR I	REMATORY	23d. LOCATION (City or	lown) (C	ounty)	(Stote)	
	REMOVAL (Specific buria	1 7/13/	66	Rest H	aven	Cemetery	Hagersto	wn Md.			
24	I. FUNERAL DIRECTO	OR .		ADDRESS		2So. REC	D BY REGISTRAR 2Sb.	REGISTRAR'S SIGI			
	MINNIC	H FUNERAL	HOME	Hagerst	own,	Md. DATE JI	JL 14 1996	Means	Do Jus	the -	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then prease remove corbon papers. Pages V and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72 hours after detach. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the depth certificate be exacuted within 21 hours after death. Page 4 may be retained by the hospital or ottending physicion.

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